

Conclusions The obtained results indicate high efficiency of the artificial neural networks, in supporting diagnosticians. The use of U-NET/ANN is a promising for increasing the effectiveness of cervical screening. The low cost of neural networks usage increases the potential areas of application of the presented method.

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266 ARE CURRENT GUIDELINES FOR CERVICAL SAMPLING IN HYSTERECTOMY SPECIMENS FOR ENDOMETRIAL CANCER ADEQUATE?

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Objectives To identify if sampling a single block from the centre of the cervix, including the anterior and posterior lips, is sufficient to detect cervical stromal invasion in hysterectomy specimens for endometrial cancers. We have expanded our study and have analysed according to grade and histological type.

Methods Our centre sequentially processes the entire endocervical canal in cases of endometrial cancer. We reviewed each block of cervical tissue in 79 cases in which there was known cervical stromal invasion; this was to ascertain if sampling only from the centre of the canal was adequate for detection.

Results Cervical stromal invasion is detected in only 73.5% (58/79) of cases when sampling only from the centre of the endocervical canal.

Conclusions Sampling only the centre of the endocervical canal fails to detect 26.5% of cases of cervical stromal invasion by endometrial cancer. We advise processing the entire endocervical canal to ensure correct staging.

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267 RETROSPECTIVE STUDY EVALUATING THE ROLE OF TRANSVAGINAL ULTRASOUND GUIDED BIOPSY IN GYNECOLOGICAL CANCER PATIENTS

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Objectives To evaluate the adequacy, safety and diagnostic accuracy of transvaginal ultrasound-guided biopsy.

Methods This is a retrospective study including patients with suspicious pelvic advanced tumors, primary (excluding cervical and vaginal cancer) or recurrent disease, or uncertain lesions who underwent transvaginal ultrasound guided biopsy at the Division of Gynaecologic Oncology, between April 2015 to May 2018. Transvaginal biopsies were performed with a 18-

G/25 cm core-cut biopsy needle and finally histology was obtained.

Results A total of 63 women were analyzed. An adequate sample for histological analysis was obtained in all (100%) cases. Three patients (4.7%) complained for pain during the procedure, which was controlled by oral analgesic therapy and lasted for 10 min. No early and late complications were registered. Histopathological examinations showed 24/63 (38%) benign lesions (e.g fibrosis, inflammation, uterine or ovarian myoma) and 39/63 (62%) malignant tumors, distributed as follows: 35/39 (89.8%) malignant gynecological lesions, and 4/39 (10.2%) non gynecological malignant tumors. Among the malignant lesions, there were 15/39 (38.4%) primary tumors and 24/39 (61.6%) recurrent tumors. Thirteen patients underwent surgical treatment. Final histology was not in agreement with the results from tru-cut biopsy in 3 of 13 patients (23%); in particular benign disease at tru-cut biopsy resulted positive for malignancy at final histology (2 cases of recurrent cervical cancer and 1 case of recurrent vaginal cancer).

Conclusions Transvaginal ultrasound-guided tru-cut biopsy is an efficient, minimally invasive, accurate and safe diagnostic method for the management of pelvic tumors or uncertain lesions, where unnecessary surgery can be avoided in 80% of the cases.

Ovarian Cancer

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268 ATTITUDES TO STIC LESIONS AND OPPORTUNISTIC SALPINGECTOMY: IS THERE A ROLE IN THE GENERAL POPULATION?

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Objectives The fallopian tube is well recognised as the site of origin of high-grade serous carcinoma (HGSC) and their precursor serous tubal intraepithelial carcinoma (STIC). Bilateral salpingo-oophorectomy is recommended as risk reduction surgery in the high risk population, however the protection offered by opportunistic salpingectomy in the general population remains undetermined. We assessed attitudes among consultant obstetrician/gynaecologists to STIC and performing opportunistic salpingectomy in those without a defined genetic risk.

Methods An anonymous online survey was sent to consultant obstetrician/gynaecologists in Northern Ireland. The questions aimed to determine their understanding of STIC, barriers to counselling patients and performing opportunistic salpingectomy in 3 specific scenarios: caesarean section sterilisation, vaginal hysterectomy and sterilisation requests.

Results 62.3% consider their knowledge either average or poor. 55.1% feel 'somewhat confident' in counselling patients, with main barriers being lack of knowledge, lack of clear evidence and thus no accurate risk/benefit ratio. 68%, 67% and 77% would consider carrying out opportunistic salpingectomy

at caesarean section sterilisation, vaginal hysterectomy and for sterilisation respectively. Those against state fertility concerns, lack of evidence and increased complications.

Conclusions There are still significant gaps in knowledge regarding STIC among consultants in Northern Ireland, which affects their willingness to consider opportunistic salpingectomy at the time of other operations. If these gaps and their concerns are addressed, there may be an impact on the potential benefit of performing this procedure in reducing the incidence of HGSC.

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A PROSPECTIVE STUDY OF FACTORS PREDICTING MORBIDITY AND MORTALITY IN CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR ADVANCED EPITHELIAL OVARIAN MALIGNANCY

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Objectives The risk of morbidity and mortality associated with CRS & HIPEC is substantial enough to make any surgeon think twice before adopting it. Knowing the factors that will predict morbidity would help us optimize outcomes & improve care. This study is an attempt to find such factors that predict morbidity.

Methods Patients diagnosed of peritoneal carcinomatosis from epithelial ovarian malignancy underwent CRS+ HIPEC from March 2012 to December 2017. All data prospectively entered in the HIPEC registry was analysed with main focus on morbidity and factors predicting morbidity.

Results Out of 110 patients, 20, 55, 35 underwent upfront, interval & secondary CRS+HIPEC respectively. Mean duration of surgery was 9.5 hours, blood loss 1250 mL & PCI 17. Total, upper & pelvic peritonectomy with glissons capsulectomy & mesenteric stripping was done in 42.5%, 68.1%, 69.3%, 14.7% & 4.3% respectively. Multivisceral, diaphragmatic & bowel resections were done in 20.9%, 40.5% & 57.5% respectively. G3-G5 morbidity was noted in 40%, major being surgical 30%, hematological 20%, electrolyte imbalances 19%. Performance status, mean PCI >14, duration of surgery >10 hours, multivisceral resections, upper quadrant peritonectomy & more than one anastomosis were found to be significant factors predicting morbidity on univariate analysis. On multivariate analysis performance status & upper quadrantectomy were significant factors.

Conclusions CRS + HIPEC for advanced epithelial ovarian malignancy can be done with acceptable morbidity & mortality. A dedicated team is an absolute necessity. We should be more cautious & give extra attention to patients with above mentioned risk factors to improve the quality of care & optimize outcomes with CRS+ HIPEC.

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LARGE SINGLE-SITE INSTITUTION EXPERIENCE OF TESTING FOR SOMATIC AND GERMLINE CONCORDANCE BRCA1/2 PATHOGENIC MUTATIONS IN OVARIAN CANCER PATIENTS ELIGIBLE FOR PARP INHIBITORS THERAPY

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Objectives The aim of the study was to investigate the rate of concordance of germline BRCA1/2 (gBRCA1/2) with somatic BRCA1/2 (sBRCA1/2) pathogenic mutations to increase screening uptake for prescription of the newly NICE approved PARP inhibitor tablets available for gBRCA and sBRCA mutation carriers.

Methods 70 patients diagnosed with ovarian cancer were screened: 50 with High Grade Serous Carcinoma (HGSC), 2 Low Grade Serous Carcinoma (LGSC), 4 Clear Cell Carcinoma (CCC), 2 Carcinosarcoma, 11 Endometrioid Adenocarcinoma (EdAd) and 1 mucinous carcinoma. Patients were tested for BRCA1/2 germline mutations upfront, followed by testing of tumour specimens for somatic mutations using NGS.

Results 9 cases had gBRCA1/2 pathogenic mutations: 5 HGSC had gBRCA1, 3 HGSC and 1 EdAd had gBRCA2. 7 cases had sBRCA1/2 mutations: 4 gBRCA1 and 3 gBRCA2 HGSC had sBRCA1 and sBRCA2 respectively. EdAd gBRCA had no somatic mutations; 1 HGSC patient with gBRCA had no sBRCA mutations. 1 HGSC wild-type gBRCA showed pathogenic sBRCA1 frameshift mutation. 2 EdAd and 1 CCC wild-type gBRCA showed sBRCA1/2 mutations of unknown clinical significance. LGSC, carcinosarcomas and mucinous carcinoma were wild-type gBRCA with no somatic mutations detected.

Conclusions Detection of both germline and somatic BRCA1/2 mutations is required for effective PARP inhibitors treatment. Somatic tests should be offered to increase the number of patients suitable for targeted therapy. The consistency of gBRCA uptake (13%) was in keeping with published data, whereas the sBRCA uptake was 11.4%, which is less than the expected 15%. More research into cases with sBRCA1/2 mutations of unknown clinical significance is warranted.

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DIFFERENTIAL EXPRESSION OF SOCS3 GENE AND ITS PUTATIVE ROLE IN THE PATHOGENESIS OF EPITHELIAL OVARIAN CANCER

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Objectives The SOCS3 gene is a key regulator for JAK/STAT pathway, responsible for inflammation and proliferation response, was found to be regulated by *E2F5* and its down