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387 WOMEN'S SEXUALITY POST GYNAECOLOGICAL CANCER TREATMENT AT GROOTE SCHUUR HOSPITAL: A QUALITATIVE, DESCRIPTIVE STUDY USING A COMPREHENSIVE FRAMEWORK

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Objectives This study aimed to investigate women's experiences of their sexuality post gynaecological cancer treatment by using a comprehensive framework of sexuality, and, to understand how their sexual health needs can best be addressed as part of cancer care.

Methods The study made use of a qualitative descriptive design. Participants were recruited through purposive sampling at follow-up clinics within Groote Schuur Hospital's Gynaecology Unit. The final sample consisted of 35 women aged 29–35. All women had been diagnosed with one or more gynaecological cancer and treated with either surgery, chemotherapy, radiation or a combination of these. Data was collected using semi-structured, in-depth individual interviews in participants' home language. Pile sorting was used within the interviews to facilitate discussion about difficult topics. The data was analysed using thematic analysis.

Results The results are expected to provide thorough insight into women's sexual functioning and psycho-sexual well-being post treatment and how this affects their lives and relationships.

Conclusions Such information can help develop support programs to improve patients' quality of life post treatment. Furthermore, this research expands the qualitative literature relating to gynaecological cancers in South Africa.

Trials in Progress

IGCS19-0755

388 SHORT-COURSE HIPEC AT THE TIME OF INTERVAL DEBULKING SURGERY FOR HIGH TUMOR BURDEN OVARIAN CANCER: PRELIMINARY RESULTS OF A PIONEERING CLINICAL TRIAL IN BRAZIL

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Objectives To present the postoperative outcomes in our ongoing clinical trial.

Methods Cross-sectional analysis of early data from our phase 2 trial – an open-label, multicenter, single-arm trial on the safety and efficacy of neoadjuvant chemotherapy (NACT) followed by fast-track cytoreductive surgery (CRS) plus short-course HIPEC in advanced ovarian cancer (ClinicalTrials.gov: NCT02249013).

Results Fifteen patients with stage IIIB (n=1) or IIIC (n=14) epithelial malignancies were enrolled until July, 2019. The median (range) age was 46 years (19–67), with preoperative serum CA125 levels of 737.7U/mL (161.6–6550). The median number of NACT cycles was 3 (2–4), resulting in PCI scores of 11 (3–18) at the time of CRS/HIPEC – developed after 29 days (26–43) from the last NACT cycle. Time to restarts i.v. chemotherapy was 39 days (31–74). Median operation time was 490 minutes (235–865), with 9 patients requiring major bowel resection as rectosigmoidectomy (n=8) or partial colectomy (n=1). Median length of hospital stay was 5 days (3–10), with ICU stay of 1 day (1–5). Four patients experienced no postoperative complications, whereas 5 suffered only minor G1/G2 complications, and 6 suffered major G3 complications, according to the NCI/CTCAE classification. The most common complications were electrolytes imbalance and anemia. Two patients experienced reoperation because of G3 postoperative hemorrhage or peritoneal infection, whereas no deaths were recorded.

Conclusions Our protocol seems to be feasible and safe, with manageable low rates of short- and middle-term complications. Recruitment to this pioneering clinical trial in Brazil is ongoing.

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389 SENTINEL NODE MAPPING WITH INDOCYANINE GREEN (ICG): INITIAL ANALYSIS OF PROSPECTIVE STUDY

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Objectives To report initial experience in Argentina using a local production ICG. Evaluating detection rates, incidence of nodal metastasis and adverse effects.

Methods Prospective non randomized single centre study that included patients with endometrial and cervical cancer (Surgical stages). The protocol and the informed consent were inscribed in Health National Research Register (RENIS). 1,25 mg/ml cervical injection of ICG (Laboratorio Bacon, Argentina) approved by ANMAT (National Administration of Drugs, Food and Technology) for use in this protocol. Karl Storz Image 1 S laparoscopic system was used and the technique was standardized by protocol.

Results 51 patients were included between July 2017–March 2019. 18 had low risk endometrial carcinoma and 17 high risk. In the 1st group we only performed SLN biopsy. In the high-risk group, we performed SNL plus lymphadenectomy. 16 patients had cervical cancer. At least one SLN was found in 98% (50/51) for ICG. Bilateral detection rate was 88%