education, duration of marriage, occupation, type of disease, and administration of chemotherapy.
Conclusions Sexuality after cancer affecting the female genital area is altered, age >50 years, illiteracy, length of marriage > 20 years as well as endometrial, vulva and vaginal cancers were predictive factors of sexual dysfunction.

IGCS19-0422

447 THE IMPACT OF PATIENT TRAVEL DISTANCE ON QUALITY INDICATORS IN GYNECOLOGIC SURGERY

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Objectives To characterize patient travel distance to a comprehensive cancer center (CC) for gynecologic surgery; to determine the impact of travel distance on perioperative quality indicators.
Methods Patients who underwent first gynecologic surgery at a CC from 1/2000–3/2018 were identified. Travel distance was defined as “““close””” (≤50 mi) or “““far””” (>50 mi). Patient demographics, procedural complexity, rates of reoperation, reporting to improve safety and quality (RISQ) events, and postoperative mortality were identified.
Results Of 23,340 patients, 19,246 were included in the close group and 4,094 in the far group. Median distance traveled was 19.25mi (range 0–4963): 14.35mi for close group, 85.21mi far group. Median age was 55 years (range 18–97). There was no difference in age (p=0.87) or ASA status (p=0.16) between groups. Patients in the far group underwent more complex procedures based on RVUs (p=0.00) and case length (p=0.00) and had 1-day longer length of stay (p=0.003). There were more non-White (p=0.00), non-English speaking (p=0.00), and unmarried (p=0.00) patients in the close group. There was no difference in rate of reoperation (p=0.95) or 30-, 60-, or 90-day mortality (p=0.35, 0.80, 0.34) between groups. Patients who traveled farther had 1% more RISQ events (p=0.003), but this did not hold on multivariate analysis.
Conclusions We demonstrate that patients who travel for centralized specialty gynecologic surgical care have more complex procedures, more perioperative adverse events, and longer length of stay, without negative impact on perioperative quality of care, reoperation, or postoperative mortality.

IGCS19-0388

448 A RETROSPECTIVE STUDY OF DUAL MALIGNANCIES IN A GYNECOLOGICAL ONCOLOGY DEPARTMENT OF A TERTIARY CARE HOSPITAL -A TEN YEAR EXPERIENCE

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Objectives Occurrence of second invasive cancer in a diagnosed case of cancer patient and also in cancer survivors is not uncommon. Advances have been made in diagnostic and therapeutic modalities, leading to improvement in survival of cancer patients, and also, the incidence of second malignancy is on rise.Second malignancy can be synchronous or metachronous. Original studies about dual malignancy are very few. The present study aims to analyze the frequency and types of double malignancies in Gynaec oncology patient.
Methods This is a retrospective analysis of patients with synchronous dual cancers, treated from January 2009 to December 2018. The study included 12 patients with dual malignancies.
Results Out of 12 patients, 4 (33.3%) were of ovarian and endometrium origin and they were the most common in our study, followed by breast and endometrium (16.6%) ; breast and vulva (16.6%);breast and ovary (16.6%) ; cancer breast with cancer cervix and cancer endometrium with colon cancer were least common (8.3%). Double malignancies involving the female reproductive tract, like cervix and vulva,can be explained by common etiological factors like Human papilloma virus (HPV). The same association has not been seen in our series which could be explained on the basis of small number of patients reported here.
Conclusions This study puts a light on the fact that oncologists should remain cognizant of the fact that dual cancer of the female genital tract and elsewhere in the body is not an unknown occurrence and a comprehensive workup is desirable at the time of initial presentation.

IGCS19-0089

449 HARMONIZATION OPERATIONS FOR GLOBAL TRIALS TO OVERCOME OBSTACLES FROM 2004 – 2017: GYNECOLOGIC CANCER INTERGROUP (GCIG)

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Objectives The Gynecologic Cancer InterGroup (GCIG) is a global consortium consisting of research groups from various countries to facilitate collaboration in clinical trials in gynecologic cancer; founded in 1993 and formalized in 1997. Global clinical trials often have multiple obstacles for operating them. To address such issues, the GCIG established a Harmonization Operations Committee in 2003. Achievements of this Harmonization committee are summarized.
Methods Minutes of GCIG meetings between 2004 and 2017 were reviewed. Participating member groups and Harmonization activities were summarized.

Results The average numbers of participant groups were 10.8 from 2004 to 2008, 17.0 from 2009 to 2013, and 19.1 from 2014 to 2017. The participant groups originated from Europe, North America, Latin America, Oceania and Asia. Total number of activities was 69. The major activities were aimed at overcoming international variations in managing clinical trials (eg. budgeting, insurance, data quality, communication amongst groups, etc.). The committee developed common templates, tools and policies, as well as minimum standards of data quality for GCIG trials, in order to facilitate intergroup collaboration. The committee also addressed issues in rare tumors, translational research and QoL/PRO instruments. Education, including mentoring, is ongoing.
Conclusions With growing recognition of the importance of operational harmonization in international trials, more groups have been participating in the Harmonization Committee. The committee has been challenging problems towards improving outcomes for patients. This review showed that operational harmonization is an essential component of successful international trials. The Harmonization Committee will continue to enhance high quality clinical trials for gynecologic cancer patients.

IGCS19-0571

450 ABDOMINAL TUBERCULOSIS MIMICKING CARCINOMATOSIS

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Objectives To report an abdominal tuberculosis simulating ovarian cancer.
Methods The information has been obtained through review of medical records and review of the literature.
Results A 17-year-old female patient was admitted in the hospital due to fever, abdominal pain, ascites, and previous laparoscopy that evidenced carcinomatosis and ovary lesions. Serum CA-125 was 1529.8 U/ml and lactate dehydrogenase (LDH) was 2353 U/ml. Abdominal magnetic resonance (MR) evidenced lesions with expansive aspect in adnexal regions, presenting an intermediate signal in the T1 and T2 weights, areas of contrast enhancement and water diffusion restriction, suggesting a neoplastic process. Thorax CT was suggestive of active granulomatous infectious process. An uncle died a year ago by tuberculosis and other was being treated for tuberculosis pulmonary infection. HIV serology was negative. Previous laparoscopy material was reexamined by our pathologists, showing active chronic salpingitis with necrotic granulomas, and absence of acid-fast bacilli. A laparoscopy with peritoneal biopsies was performed. Pathology analysis evidenced acid-fast bacilli, compatible with mycobacteriosis. Late cultural examination was compatible with Mycobacterium tuberculosis. She was treated with rifampin, isoniazid, pyrazinamide and ethambutol for two months, followed by four months maintenance treatment with rifampin and isoniazid. Five months after treatment end, the patient was asymptomatic.
Conclusions Tuberculosis should be considered as a differential diagnosis of ovarian cancer, especially in endemic areas.

IGCS19-0076

451 HERBAL CLINICAL AND RESEARCH ISSUES

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10.1136/ijgc-2019-IGCS.451

Objectives Allopathic practitioners in India are outnumbered by practitioners of traditional Indian medicine and homeopathy (TIMH), which is used by up to two-thirds of its population to help meet primary health care needs, particularly in rural areas. India has an estimated 2.5 million HIV infected persons. However, little is known about TIMH use, safety or efficacy in HIV/AIDS management in India, which has one of the largest indigenous medical systems in the world.
Methods The purpose of this review was to assess the quality of peer-reviewed, published literature on TIMH for HIV/AIDS care and treatment. Of 206 original articles reviewed, 21 laboratory studies, 17 clinical studies, and 6 previous reviews of the literature were identified that covered at least one system of TIMH, which includes Ayurveda, Unani medicine, Siddha medicine, homeopathy, yoga and naturopathy. Most studies examined either Ayurvedic or homeopathic treatments. Only 4 of these studies were randomized controlled trials, and only 10 were published in MEDLINE-indexed journals.
Results Overall, the studies reported positive effects and even """cure""" and reversal of HIV infection, but frequent methodological flaws call into question their internal and external validity. Common reasons for poor quality included small sample sizes, high drop-out rates.
Conclusions Design flaws such as selection of inappropriate or weak outcome measures, flaws in statistical analysis, and reporting flaws such as lack of details on products and their standardization, poor or no description of randomization, and incomplete reporting of study results.

IGCS19-0720

452 DO DOCTORS THEMSELVES GET SCREENED FOR CERVICAL CANCER? -A QUESTIONNAIRE BASED STUDY FROM WESTERN RAJASTHAN (INDIA)

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Objectives To find out percentage of female doctors who have undergone screening for cervical cancer.

To asses knowledge and attitude for cervical cancer screening in female doctors.

To find out reasons for non-screening in those who never had any screening.
Methods This was a questionnaire based study done in female doctors of Jodhpur. After informing the purpose of study, printed questionnaire was given and asked to fill the data. Identity of the person was kept confidential Questions comprised of whether they have themselves got screened, knowledge and attitude about screening and reasons for not getting themselves screened

Results 440 forms were filled by doctors of various speciality. 50 forms were excluded as were incomplete, another 2 forms were from alternative system of medicine hence excluded.

Age of participants were 23 - 62 years, with majority belonging to 25–30 years and closely followed by 30–40 years age group.

85% doctors were aware about cervical cancer screening, however only 6% of doctors had ever got themselves screened. Only 1.5% doctors had screening in last 5 years.

Important reasons for non-screening were- feeling embarrassed 80%, very busy 65%more than 1 reason was cited by 20%.

19% of doctors were unmarried and majority stated screening to be done after marriage. 9% stated screening not important for them.

Conclusions This study reflects satisfactory knowledge for screening; attitude of doctors reflects those of general population. Screening for cervical cancer cannot be successful if providers are not convinced for its importance and getting screened.

IGCS19-0436

453 INTRAOPERATIVE ELECTRON RADIATION THERAPY (IOERT) IN THE MANAGEMENT OF PATIENTS WITH LOCAL RECURRENT OR ADVANCED GINECOLOGIC MALIGNANCIES: A SIX CASE REVIEW

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Objectives To report outcomes and toxicities in women with locally recurrent or advanced pelvic gynecologic malignancies who received intraoperative electron beam radiotherapy (IOERT) after chemoradiation.

Methods From April 2012 to October 2018, 6 patients with recurrent cervical cancer (n=3), vagina (n=2) and endometrial (n=1) were treated with IOERT (stage IIb-IVb). Previously unirradiated (n=2) patients received preoperative chemoradiation between 45–50.4Gy with cisplatin. Those who had already been irradiated (n=4) received 30Gy to pelvis with concomitant cisplatin. IOERT dose ranged between 10Gy–15Gy.

Results With a median follow-up of 55 months (range, 24–162) the 3-year overall survival was 100%. The median time from initial cancer diagnosis to recurrence treated with IOERT was 4.1 years (range, 1.4–10.3 years). Performed surgeries included pelvic exenteration (n=3) and posterior pelvic exenteration (n=3) with or without lymph node dissection. All surgeries had gross macroscopic resections and were classified as R0 (n=5; 83.3%) or R1 (n=1; 16.6%). All patients remain disease free. No major IOERT-related toxicities were reported.

Conclusions Radical resection combined with IOERT seems to be a valid curative treatment option for patients who have failed prior surgery and/or definitive radiation. The patient selection is crucial and in addition to consideration of disease related morbidity, other factors shall be considered including the time interval from initial therapy to recurrence and whether the patient is able to receive perioperative chemoradiation and pelvic exenteration in addition to IOERT.

IGCS19-0048

454 FALLOPIAN TUBE CANCER

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Objectives The aim of the study was to investigate the rare type of malignant tumours of women's genitals for identifying optimal methods of prevention, detection and special management of fallopian tube carcinomas.

Methods The rate of appearance of fallopian tube carcinomas varies between 0,13% and 2,8. During 48 years (1969–2017) 15707 operations of malignant tumours were performed at our clinic. Diagnosis of fallopian tube carcinoma was confirmed only in 56(0,36%) cases and every time during the operations. 18 patients (32,1%) underwent operations with the diagnosis of ovaries tumours; 12(21,4%) - with carcinoma corpus uterus and 26(46,4%) - with uterine and ovarian tumours. The youngest patient was 34, while the oldest - 78 years old. Patients were aged from 30 to 39 (5,5%), 18,2% were up to 40–49, 41,8% - from 50 to 59; 27,3% from 60 to 69 and 7,3% were over 70.

Results According to classification, offered by us, I stage was diagnosed in 19(33,9%) patients, II stage - in 5(8,9%); III stage - in 29(51,9%), IV stage - in 4(7,1%). The tactics of management of fallopian tube carcinoma is operation-chemotherapy or operation-radiotherapy, 49 patients underwent postoperative chemotherapy, 7 patients had radiotherapy.

Conclusions The evaluation of remote results revealed, that of 56 patients 14 died within the first year following the operation. 5 years survival rate did not exceed 30%.Low incidence of fallopian tube carcinomas in some cases is explained by the fact that they are attributed to advanced forms of ovarian carcinomas.