Conclusions The contribution of a benign gynaecological centre to cancer care in Ireland is significant. Significant resources are availed of prior to referral to the tertiary centre. Currently there is no dedicated oncological nurse for our department. This research highlights that a dedicated integrated referral system and access to an oncology liaison would ensure swift and timely access to gynaec-oncology services for the many patients that present to benign centres.

IGCS19-0236

K Glennon1*, S Cleeey, G Von Banau. Tallaght University Hospital, Cervical Check Colposcopy Department, Dublin, Ireland

Objectives In Ireland, in April 2018, a free smear test was offered to women who wished to avail of this outside the screening programme. Physicians can also refer for colposcopy if concerned regarding a clinically suspicious cervix or a clinical history. This audit investigated the impact this had on referrals for a clinical indication and subsequent cancer diagnosis.

Methods A retrospective review of referrals for a clinical indication from October 2017 – February 2019 was conducted. Referral data and outcomes was recorded from the mediscan system. Data was analysed using Microsoft Excel.

Results Following the introduction of a free smear, the waiting time for non-urgent colposcopy rose from 4 weeks to 12–20 weeks. The referrals for a ‘clinical suspicion’ rose from 79 in the first six months (10/10/17 – 1/3/18) to 705 in the preceding six months. The number of referrals from GPs rose from 58% (n=46) to 83% (n=590). The total number of cancers diagnosed following a clinical suspicious indication was eight (0.93). Two cases of cancer were diagnosed in the first six months (2.53%), six were diagnosed in the preceding six months (0.85%). Six cases of subsequently diagnosed cancer were referred and seen as urgent (75%). Two cancers were diagnosed following a non-urgent referral. The majority of referrals had a normal colposcopy (n = 29 36.5%, 418 59.29%).

Conclusions Despite extra demand on the colposcopy department, the majority of subsequently diagnosed cancers were referred as urgent and seen promptly. The majority of clinically suspicious cervix resulted in a reassuring colposcopy.

IGCS19-0293

S Hanna1*, C Lapuz, A Lim. Olivia Newton-John Cancer Wellness and Research Centre, Austin Health, Radiation Oncology, Melbourne Victoria, Australia

Objectives Gynaecological brachytherapy (GynBT) is an important part of gynaecological cancer management. At Olivia Newton-John Cancer Wellness & Research Centre (ONJCRWC), radiation therapists (RTs) are integral to the GynBT workflow. However, there is limited GynBT training available for RTs in Australia, resulting in inconsistent proficiency. This is a preliminary report on the development and implementation of a credentialing program, providing a structured approach to GynBT training of RTs.

Methods A credentialing program was designed with modules and competency assessments to ensure efficiency and proficiency of RTs in the GynBT workflow. The program includes theoretical modules in anatomy, international GynBT guidelines, radiation safety and local protocols; and practical modules in equipment, ultrasound for GynBT, operating theatre procedures, MRI, contouring, applicator reconstruction, planning, quality assurance and treatment delivery. Learning strategies include self-directed learning, tutorials, practical sessions and third-party courses. The program concludes with an exit examination assessing major competencies. The expected time frame for the completion of the program is 12 weeks to 6 months.
Abstracts

IGCS19-0713

179 PRESERVATION OF FERTILITY WITH TRACHELECTOMY WITH PRESERVATION OF UTERINE ARTERY
G Hurtado Estrada*, Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico

Objective To present our experience of 13 cases of abdominal trachelectomy with preservation of the uterine artery and pelvic lymphadenectomy and its obstetric results.

Material and methods From January 2012 to June 2016, eight FIGO IB1 clinical stage women underwent treatment with radical trachelectomy plus pelvic lymphadenectomy.

Results There were no positive nodes and the margins were always negative. The follow-up of them has shown nine pregnancies with preterm products in four and two at term. The hospitalization was 4 days (average 3–6 days). The estimated average blood loss of 220 mL (range 30–600 mL). The complication presented was a bruise.

Conclusions The results have shown the gynecologists-oncologists towards the preservation of fertility in this group of patients with preservation of the uterine artery. This arises because of the coexistence of these neoplasms with the increasingly delayed onset of maternity, this forces us to know the anatomy in order to provide better treatment options.

IGCS19-0716

180 MODIFIED RADICAL Hysterectomy FOR CERVICAL CANCER IB1
G Hurtado Estrada*, Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico

Objective To determine the clinical and histological characteristics and prognostic factors of cervical cancer in young Mexican patients.

Material and methods 116 patients with cervical cancer FIGO stage Ib1 less than 2 cm in diameter, were subjected to modified radical hysterectomies in an Oncology Service at the Hospital General de México UNAM. Variables included age, size of tumor, surgical margins, number of lymph nodes removed, mean postoperative length of stay, morbidity and mortality; and follow up without evidence of recurrence.

Results Mean age was 44 years old (range 22 to 74 years old); 82 were squamous cell carcinomas; 34 had not clinical disease; in 18 diameter of tumor was less than 1 cm, and in 38 it was from 1 to 2 cm. The average operation time was 130 minutes; the mean blood loss during surgical procedures was 360 cc. In 59 patients Ligasure® was employed. Permanence of bladder catheter and time to hospital discharge were three days in average. The mean of lymph nodes removed was 14 (range 6 to 31). Thirteen cases, had morbidity related with surgical procedures: two intraoperative ureter injuries; four infections wound; two reoperation because of bleeding; and eight bladder dysfunction.

Conclusions Modified radical hysterectomy is an adequate alternative for Ib1 cervical cancer less than 2 cm in diameter. Ligasure® is a useful tool, in order to diminish surgical time and intraoperative bleeding.

IGCS19-0717

181 CLINICAL-PATHOLOGICAL FEATURES AND SURVIVAL IN YOUNG WOMEN WITH CERVICAL CANCER: A RETROSPECTIVE ANALYSIS
G Hurtado Estrada*, Faculty of Medicine- 21st Century University Campus- National Autonomous University of Mexico, Oncology, Mexico, Mexico

Objective To present our experience of 13 cases of abdominal trachelectomy with preservation of the uterine artery and pelvic lymphadenectomy and its obstetric results.

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