

Introduction Cervical cancer (CC) is the 8th most common cancer among Saudi women of all ages. With limited national data, we aimed to evaluate the public awareness in regards to CC risk factors, HPV infection and HPV vaccines in the different regions of Saudi Arabia.

Methods This is a survey-based cross-sectional study that encompassed 564 Saudi women during a period of a month. A self-administrated questionnaire was distributed through different social media platforms. Data collected included socio-demographic variables and questions assessing the awareness of CC and the attitudes in regards to CC screening and HPV vaccine.

Result Most respondents were aware of CC (474, 84.0%) though their primary source of information was the internet. However, only 45 females (8%) gave a history of cervical screening. Furthermore, most females did not know that HPV is transmitted sexually (78.9%) or that it causes genital warts (81.7%) and CC (81.9%). In regards to the HPV vaccine, 100 females (17.7%) have heard about it but only 11 (2%) took the vaccine though more than half of the respondents (305, 54.1%) were willing to take the vaccine after being informed about it.

Conclusion There is a remarkably lack of awareness within the Saudi women regarding the HPV clinical implications, HPV vaccine, its importance and its availability. The main resource of information for most Saudi women is the internet which may be unreliable or providing misleading information that may delay screening or discourage vaccination. Thus, organized campaigns by the Ministry of Health or other health advocating agencies are strongly encouraged.

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271 COMPARISON OF GENOMIC INSTABILITY TEST SCORES USED FOR PREDICTING PARP ACTIVITY IN OVARIAN CANCER

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Introduction Genomic instability (GI) scores and gene panels that assess deficiencies in the homologous recombination (HR) DNA repair pathway to support PARP inhibitor use in ovarian cancer may not be equivalent. We compared the proportion of patients identified as candidates for PARP inhibitor use by three measures of HR deficiency: a 3-biomarker HR deficiency (HRD) score, percent loss of heterozygosity (%LOH), and an 11-gene panel.

Methods Whole-genome SNP analysis was used to reconstruct ovarian tumor genomic profiles for two cohorts (clinical laboratory cohort, N = 3,689; SCOTROC4 trial, N = 176). Mutation screening was performed for 11 HR pathway genes (ATM, BARD1, BRCA1, BRCA2, BRIP1, CHEK2, MRE11A, NBN, PALB2, RAD51C, RAD51D) for a subset of tumors from SCOTROC4 (N = 153). Samples were considered positive if they had HRD score > threshold (thresholds at 33 and 42 evaluated), %LOH > 16%, or a pathogenic variant in one of the 11 HR genes. Correlation between results from %LOH and the 11-gene panel were compared to HRD score.

Results Among patients with positive HRD scores, up to 51% were negative by %LOH and up to 63% were negative by the

11-gene panel. Only 3% of patients identified as positive by %LOH and 7% positive by the 11-gene panel were negative by HRD score.

Conclusions/Implications These data show that HR deficiency tests used in clinical trials are not equivalent and should not be considered interchangeable in predicting PARP inhibitor response in clinical practice.

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272 CERVICAL AND ENDOMETRIAL CARCINOMA IN THE GREEN LYMPH NODE ERA. PATHOLOGICAL FINDINGS AND MANAGEMENT. FIRST EXPERIENCE IN ARGENTINA WITH ICG

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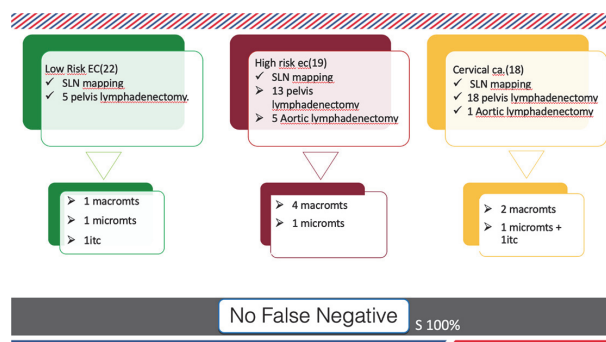
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Introduction Sentinel lymph node (SLN) mapping is becoming the new standard of care in cervical and endometrial carcinoma (CC) (EC), changing the prognosis of patients with unsuspected LN involvement, and avoiding systematic lymphadenectomies in high risk EC. We can also identified low volume metastases (LVM), but we still lack of data about the appropriate adjuvant treatment.

Methods Analysis on a group of patients from our two prospective trials of SNL in EC and CC. we included patients in whom we used indocyanine green (ICG). We analysed the final pathology and the adjuvant treatment, with special interest in those with LVM. We analysed the subgroup of patients with aortic lymphadenectomy.

Results 59 patients. 41 EC and 18 CC. we used 1,25 mg of cervical ICG. global detection rate: 98,3%. Bilateral detection rate: 91,5%. Pelvic lymphadenectomy in 18 EC and in all CC. aortic in 6 patients. 10 had nodal metastases: All with bilateral SNL. The sensitivity was 100%, no false negative rate. There were no aortic positive nodes without pelvic compromised. In 22 of EC we only performed SLN mapping. 2 of them, initially low risk, had nodal disease. we had 4 LVM, 2 in the low risk EC. They all received radiotherapy.

Conclusion The presence of LVM conditioned the indication of adjuvance. We consider than SLN and selective lymphadenectomy if SLN aren't found, is a valid option in cases of high risk EC. Because of these results and our experience, we are no longer performing extensive lymphadenectomies.



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