

were ESS and not LMS. Low-grade ESS are rare compared to other sarcomas and have higher GS.

IGCS20_1289

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REVIEW OF ENDOMETRIAL CANCER MANAGEMENT AT AN UPCOMING GYNAECOLOGICAL ONCOLOGY UNIT IN INDIA

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10.1136/ijgc-2020-IGCS.238

Aim Analyse the presentation and management of endometrial cancer in a newly established gynaecological oncology unit in an upcoming cancer hospital.

Methods Retrospective analysis of all endometrial cancer patients managed in the unit between April 2015 and June 2020.

Results A total of 54 women with uterine corpus cancers were seen. The commonest complaint was post menopausal bleeding. Of these, 41 are endometrioid adenocarcinomas. The age distribution is as follows: <50 years: 6, >50 years: 35 (85%). Majority had 2 children. The commonest co-morbidities were hypertension (21) and diabetes (18). The BMI (Asian standards) was >25 (overweight & obese) in 31 women. The predominant preoperative histologic grade on endometrial biopsy was grade 1 (17/41). Preoperative MR Imaging showed myometrial invasion of <50% in 13/41 (31%), >50% in 6/41 (14%). All women had primary surgical staging except a lone patient with lung metastases. The surgical staging showed that 27 (65%) had stage 1A, 8 were in 1B (19.5%) and the rest 5 in stage 3 (12.19%). All women with stage 3 disease had LVSI. According to ESGO-ESMO-ESTRO risk stratification, 22 (53.6%) were in low risk, while 9 (21.9%) in high risk and remaining 9 (21.9%) were in intermediate risk. Adjuvant chemotherapy, radiation therapy or combination was given according to this risk classification. Two women, who refused adjuvant treatment, died of recurrence. All patients are on regular follow-up.

Conclusions Timely evaluation of post menopausal bleeding helps in the diagnosis and management of endometrial cancer.

IGCS20_1290

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GYNAEFELLOW': A NEW ONLINE MULTI-MEDIA RESOURCE FOR GYNAE-ONCOLOGY & GYNAECOLOGY SURGERY TRAINING

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10.1136/ijgc-2020-IGCS.239

Study Objective To study the adoption of new innovative online multimedia educational resource aimed to provide focused surgical and clinical training

Design Free and open access innovative multimedia platform available as web and App formats. Descriptive analysis to study users' behaviours using the online advanced analytics

Setting A new innovative online multimedia educational platform called 'GynaeFellow';

- website: www.gynaefellow.com
- App: (IOS) <https://apps.apple.com/gb/app/gynaefellow/id1494635066>,
- (Android) https://play.google.com/store/apps/details?id=com.gynaefellow.app&hl=en_GB
- Focused peer-reviewed free access online surgical videos provided on the App and reading material offered through the website

Participants All health professionals who work or interested in gynaecology No geographical restrictions

Interventions High quality laparoscopic and open surgical videos deconstructed into simple bite-size and easy-to-follow building blocks to develop surgical knowledge and confidence. Supporting 2–5 minutes focused read resources on the website to consolidate the clinical experience and decision-making knowledge.

Measurement We used the following measurement to assess the adoption of the new platform;

- Users retention and engagement
- Multimedia analytics
- Users feedback

Results The rate of adoption increased by over 100% on a weekly basis and platform was downloaded in over 70 countries within 2 months of release.

> 5 K minutes of videos were viewed within 6 weeks of release

Conclusion GynaeFellow provides high quality, easy-to-follow surgical videos illustrating anatomy planes that are readily available and can be repeatedly accessed by the keen gynaecologists providing a self-directed learning experience that can be translated into practice in the operating room – increasing patient's safety and enhancing each operating opportunity. There is a universal adoption to innovative educational platforms.

IGCS20_1292

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PERSONALIZATION OF THE TREATMENT IN PATIENTS WITH ENDOMETRIAL CANCER AND LIFE-THREATENING COMORBIDITIES

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10.1136/ijgc-2020-IGCS.240

Introduction Endometrial cancer (EC) is the most common oncogynecological malignancy. Currently, there is a trend of the co-existence of EC and somatic comorbidities.

Aim To evaluate the single-center experience in treating patients with EC and life-threatening comorbidities, to optimize the management.

Methods We analyzed the treatment outcomes in 17 patients with EC and somatic comorbidities, who were admitted to the Almazov National Medical Research Centre from 01.01.2019 to 30.04.2020. In 52.9% of patients, the Charlson Comorbidity Index (CCI) exceeded 6 points, which corresponds to 3 or more diseases with a severe course. The majority of patients had concurrent cardiovascular disorders. Previously, 23.5% of patients had coronary artery stents, 11.8% -mechanic heart valves, while 17.6% experienced a recurrent pulmonary embolism. BMI was above 40 kg/m² in 23.5% of cases.

Results All patients were managed by a multidisciplinary team, including an oncologist, cardiologist, cardio-resuscitator, and other specialists. An interdisciplinary approach allowed us to perform radical surgery, taking into account the tumor process's characteristics. No intraoperative complications were noted. Postoperatively, one patient (5.9%) experienced the decompensation of CHF, which required intensive therapy.

Conclusions In patients with EC and severe comorbidities, the surgery should optimally be performed in tertiary hospitals with different specialists available. These patients usually require an individual management approach to prevent possible complications. Long-term outcomes, including the survival rate and quality of life, are determined by the results of EC treatment itself and how concurrent diseases are managed.

IGCS20_1293

279 **ENDOMETRIAL CANCER: INITIAL RESULTS OF CONSERVATIVE HORMONAL TREATMENT IN POSTMENOPAUSAL PATIENTS IN ONCOLOGY HOSPITALS OF BUENOS AIRES**

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10.1136/ijgc-2020-IGCS.241

Objective To analyze the short and medium-term results of conservative hormonal treatment applied to postmenopausal patients.

Material and Method This is prospective study, started in 1/2015. There were included 4 postmenopausal patients: 2 with endometrioid GH1 adenocarcinoma, and 2 with complex atypical hyperplasia. These patients had BMI > 40, DBT type II, hyperlipidemia, smoking and high cardiovascular risk. All the patients were initially biopsied by hysteroscopy and endocervical disease was ruled out. An abdominal-pelvic MRI was done for evaluating myometrial invasion and defining conservative treatment.

All the patients had contraindications for surgery and refused radiotherapy (RT) as treatment. The Hormonal one was by placing SIU-LNG. The Follow-up was done at least 3 – 6 months by pelvis examination, hysteroscopic biopsy and MRI.

Results Median age : 59 years old.

In all the cases, the biopsies performed showed a progressive pathological regression to atrophic endometrium in the last controls.

There were observed no adverse effects related to the treatment.

Currently the patients are alive and free of disease (SG and SLE 100%). Follow up: 24– 72 months.

Conclusions Excellent results were obtained with the use of local hormonal therapy with SIU-LNG in those postmenopausal patients with high surgical risk, and who in turn refuse to receive radiotherapy.

IGCS20_1294

280 **RAPID RESPONSE TO ITRACONAZOLE AND TRANSCRIPT ANALYSIS OF THE CERVICAL CANCER TISSUE OBTAINED BY THE SEQUENTIAL BIOPSY: A CASE REPORT**

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10.1136/ijgc-2020-IGCS.242

We have been studying drug repositioning of itraconazole for an anticancer drug, and in vitro study demonstrated itraconazole inhibited growth of cervical cancer cells via down regulation of Akt/mTOR, hedgehog, and Wnt/β-catenin signal transduction. We report a case who showed rapid response to itraconazole and transcript analysis of the sequential biopsy was conducted. [Case] A 75-year-old woman with cervical cancer, diagnosed with Stage IIIB (cT3c N0 MA) squamous cell carcinoma was enrolled in a window of opportunity clinical trial (jRCTs051190006). She had 40 mg of oral itraconazole daily for 7 days before the primary treatment started (a window period). Her symptom of vaginal bleeding decreased and the vaginal ultrasound showed the maximum diameter of the cervical tumor decreased from 61 mm to 50 mm. The primary treatment involved pelvic external beam radiation therapy (54Gy/30fr) combined with chemotherapy (40 mg/m² of cisplatin, weekly x 5 times) and a brachytherapy boost (24 Gy/4fr). Four months after last administration of cisplatin, she had pelvic, mediastinal and supraclavicular lymph node recurrence. Tumor genomic profiling using FoundationOne CDx showed PIK3CA and PTEN mutation, microsatellite stable, and tumor mutation burden of 23Muts/Mb. In Japan, pembrolizumab was not covered by public insurance. She wished further treatment with itraconazole. Transcript analysis of mRNA obtained before and after itraconazole treatment during the initial window period are shown in table 1. Pathway mapping using Transcriptome Analysis Console version 4.0 (Thermo Fisher Scientific) showed significant reduction of PI3K-Akt-mTOR signaling pathway.

Abstract 280 Table 1 Itraconazole induced transcript change
Down regulation of genes after treatment with itraconazole(1/64)

Gene Symbol	MMP1	FABP4	MMP10	MMP3	MMP13	SERPINE1	SLITRK6
Fold change (log2ratio)	-8.34	-6.26	-6.09	-5.83	-5.82	-4.99	-4.13