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285 SURGICAL MORBIDITY DURING COVID-19 PANDEMIC – A GYNAECOLOGY ONCOLOGY PERSECTIVE

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Introduction COVID-19 has had significant repercussions on the provision of oncological surgical services worldwide. Within any Gynaecological Oncology service, careful consideration needs to be given when weighing up peri-operative risks & potential inpatient exposure to COVID-19 versus the risk of delaying surgery. Often, for these patients, deferral of surgery may result in disease progression.

Since March 2020, we identified 118 Gynaecological Oncology patients referred to the Ireland East Gynaecological Group between the Mater Misericordiae University Hospital (MMUH) & St. Vincent's University Hospital (SVUH) for whom major oncological surgery was deemed clinically urgent. To minimise peri-operative morbidity and the risk of onward hospital transmission of COVID-19, screening questionnaires were administered before hospital admission. These screened for epidemiological risk, symptoms, recent travel & contacts. If asymptomatic, testing for SARS-CoV-2 was not performed.

Methods We analysed the clinical data of the above 118 patients to determine their baseline characteristics/risk factors for COVID-19, suspected diagnoses, surgical procedures & 7-day morbidity.

Results This cohort consisted of ovarian (n=57), endometrial (n=41), cervical (n=6) and vulvo-vaginal (n=14) cancer patients. 44% of cases were laparoscopic and 18% were major cytoreductive surgeries. All patients screened were deemed asymptomatic & low risk- therefore proceeded to surgery. 49 (41.5%) patients had a defined risk factor for COVID-19. 7-day post-operative morbidity was 13% (N=16). 3 patients met symptomatic criteria for COVID-19 testing post-operatively, however none tested positive.

Conclusion Careful patient selection based on risk factors and symptoms allows units to continue to perform safe oncological surgery during a pandemic.

IGCS20_1300

286 BARRIERS AND OPPORTUNITIES FOR OPTIMIZING PATHOLOGY MENTORING IN THE PROJECT ECHO TUMOR BOARD PROGRAM OF THE IGC:A PILOT EXAMINATION OF ADEQUACY OF PATHOLOGY CASE PRESENTATIONS

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Introduction as part of the IGCS global education curriculum since 2017, monthly tele-mentoring of gynecological oncology fellows has been implemented at 14 cancer centers in low-middle income countries (LMIC) using the Project ECHO technique of tumor board-style videoconferences (TBVC). The effectiveness of pathologist mentors in this curriculum has not been studied and we hypothesize that it is defined, in part, by the adequacy of the pathology case presentation in pre-meeting materials and during the TBVC at each site.

Methods the cancer centers of the IGCS-sponsored TBVC are in Kenya, Ethiopia, Uganda, Mozambique, Zambia, Kazakhstan, Belarus, Nepal, Vietnam, Fiji, Guatemala, Bahamas, Jamaica and PARSGO. This study is a descriptive analysis of the experiences of the initial 3 pathologists.

Results attendance of the TBVC by a local site pathologist routinely occurs in 2/14 sites. Pre-meeting distribution of the pathologic diagnosis to the mentors occurs in 3/15 sites. The overall subjective assessment was that the pathologist mentors were routinely limited in their ability to evaluate the pathology of the case at 12/14 sites and therefore were limited in their opportunity to meaningfully contribute to the TBV.

Conclusions The role of pathology mentors in global educational programs for gynecological oncologists in LMIC is dependent on interaction with a local pathologist and on the adequacy of the pathology case presentation. We recommend that a standardized set of pathology information be presented for each case, including appropriate digital images, which may be a challenge due to resource limitations in LMIC without external funding.

IGCS20_1301

287 COMPARATIVE STUDY OF OVARIAN LOW-GRADE AND HIGH-GRADE SEROUS OVARAIN CARCINOMA

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Objectives To compare the clinical-pathological features and survival outcomes of women with low grade and high grade serous epithelial ovarian cancer.

Methods A total of 87 patients with high grade (HGSOC) (79.8%) were retrospectively compared to 22 patients with low grade (LGSOC) staged surgically in Salah Azaiez Tunisian cancer center, between 2000 and 2010.

Results We performed primary debulking surgery in 89 patients (81.7%) and 20 patients (18.3%) underwent and interval debulking surgery. Maximal cytoreduction (R0) was achieved in 38 of patients (34.9%),32 patients had a residual disease ≤1 cm (29.4%) and 39 patients had a residual disease >1 cm (35.8%).The comparison of HGSOC to LGSOC by univariate analysis showed that HGSOC were associated to higher serum level of CA 125 >1000UI/ml (52.9% vs 27.3%, p=0.032), higher quantity of ascites >1 litre (47.1% vs 13.6%,p=0.004) with more frequent cacinomatosis in the upper abdomen (54% vs 27.3%,p=0.025) and bilateral tumors (79.3% vs 54.5%,p=0.018), with more tumor necrosis (59.8% vs 18.2%,p<0.0001) and lymphovascular invasion (50.6% vs 13.6%,p=0.002) and advanced FIGO stage III-IV (94.3% vs 63.6%,p<0.0001). Among the 60 patients who underwent lymphadenectomy (55%), HGSOC were associated to more lymph metastasis (LNM) (57.8% vs 26.7%, p=0.037) with higher LN ratio (15.04±24.20 vs 5.16.±10.59,p=0.034). and more frequent combined pelvic and paraaortic LNM (56.8% vs 26.7%, p=0.049).After a mean follow up of 44.73 months, HGSOC were associated to lower rates of 5-years overall

survival (31.3% vs 50%,p=0.06) and recurrence free survival (27.9% vs 50%,p=0.112).
Conclusion HGSOC are correlated to a advanced stage and extended lymph node invasion.

IGCS20_1302

288 A RARE CASE OF NASOPHARYNGEAL CARCINOMA METASTASIS TO MALE BREAST

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Introduction Nasopharyngeal carcinoma (NPC) is a rare malignancy with an incidence of 0.5–2 per 100,000 in Europe and the United States, it almost occur in young and middle-aged adults, the incidence is higher in the Chinese and Tunisian population
Case Report A 41-year-old male presented in March 2019 with a lump in the right upper neck region, which had been growing for four months. Physical examination identified multiple circular lumps, which were palpable on the right upper third of the neck on the sternocleidomastoid (facies medialis).Examination of the head and neck by computed tomography (CT) showed thickening of the soft tissues of the right wall of the nasopharynx and bilateral cervical lymphadenopathy with a maximum node size of ~9×1.5 cm, also it identified a suspect mass in the rignt breast. The patient underwent then a Breast ultrasound that showed a two aval shaped micolobulated hypoechoic mass without spiculations measuring respectively 10 mm and 12 mm located in the upper outer quadrant and behind the nipple of the right breast, associated with right axillary lymph node. Our patient underwent an ultrasound-guided biopsy, the histological examination confirmed the diagnosis of breast metastasis.

In conclusion, the present case confirmed that NPC may also metastasize to breast male. Although, there is no established guideline for the treatment, a multidisciplinary approach is always beneficial to the patient.

IGCS20_1304

290 ARE OBSTETRICS AND GYNAECOLOGY TRAINEES CONFIDENT AND COMPETENT IN THE CARE OF FRAIL GYNAECOLOGICAL ONCOLOGY PATIENTS?

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Introduction Older patients undergoing cancer surgery are at increased risk of post-operative morbidity and mortality. Frailty is particularly prevalent in this patient cohort and is a major contributor to adverse outcomes. A survey was conducted to assess the confidence and knowledge of trainees in obstetrics and gynaecology (O&G) regarding identification and management of perioperative issues encountered in frail gynaecological oncology patients.
Methods A web-based survey on the management of frail perioperative patients was disseminated to doctors-in-training (trainees) in O& G in the United Kingdom (UK) and Ireland.
Results Of the 666 trainees who participated, 67% (n=425/666) reported inadequate training in the perioperative management of frail patients. Validated frailty assessment tools were used by only 9% (n=59/638) of trainees and less than 1% (n=4/613) were able to correctly identify the diagnostic features of frailty. Common misconceptions included the use of chronological age and gender in frailty assessments. The majority trainees (>75%) correctly answered a series of questions relating to mental capacity; however, only 6% (n=36/606) were able to correctly identify all three diagnostic features of delirium. 87% (n=495/571) of trainees supported closer collaboration with geriatricians and a multi-disciplinary approach.
Conclusions O&G trainees reported inadequate training in the perioperative care of frail gynaecological oncology patients, and overwhelmingly favoured input from geriatricians. Routine use of validated frailty assessment tools may aid diagnosis of frailty in the perioperative setting. There is an unmet need for formal education in the management of frail surgical patients within the UK and Irish O&G curriculum.

IGCS20_1307

291 UNIQUE CASE SERIES OF COEXISTING ENDOMETRIAL AND HEMATOLOGIC MALIGNANCIES

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Introduction Coexistent primary neoplasms in the same individual can present as synchronous or metachronous. In the setting of endometrial cancer, most concomitant primary sites include ovarian, colon, and breast cancer.

The coexistence of endometrial and hematologic malignancies is rare and unique, with only 7 cases reported in the literature.

Over a time interval of 10 years, we have encountered this unusual condition in 7 patients of our own. This is the most extensive case series of concurrent hematologic and endometrial malignancies.
Methods Retrospective chart review from 2002–2012.
Results Our patients were referred to a gynecologic oncology office from the years 2002 and 2012 due to suspected endometrial cancer.

All of our patients underwent surgical diagnoses and staging for endometrial cancer.

The findings of significantly enlarged lymph nodes as described in the operative reports of 5 out of 7 patients.
Conclusions and Implications The presence of two primary malignancies may translate into a unique diagnostic and treatment situation where the presence of the other may impact surgical, medical, and radiation management for one cancer.