

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.

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### 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  $\sim 9 \times 1.5$  cm, also it identified a suspect mass in the right breast. The patient underwent then a Breast ultrasound that showed a two oval 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

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### 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

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### 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.