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

A RARE CASE OF NASOPHARYNGEAL CARCINOMA METASTASIS TO MALE BREAST

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.

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 all three 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

UNIQUE CASE SERIES OF COEXISTING ENDOMETRIAL AND HEMATOLOGIC MALIGNANCIES

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

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

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


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.
As clinicians, it is essential to be aware of the most common signs, symptoms, laboratory, imaging, and intraoperative findings of various pathologies. This knowledge could make a positive impact on patient care.

IGCS20_1309

**CASE REPORT: RECURRENT PARAVAGINAL AGGRESSIVE ANGIOMYXOMA FIVE YEARS AFTER INITIAL EXCISION AND DIAGNOSIS**

L. Smith, P Maguire*, C Ó'Riain, N Gleeson. St James Hospital, Ireland

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**Introduction** Aggressive angiomyxoma is a rare mesenchymal tumour found mainly in the pelvis and perineum of women of reproductive age. Although benign, the tumour is deemed aggressive due to the frequency of local infiltration. The mainstay of treatment is surgical excision. Neoadjuvant use of GnRH analogues to limit tumour growth prior to surgical excision has been reported. Reports suggest a recurrence rate ranging from 30 to 72 percent.

**Methods** This case describes a 39 year old woman who was re-referred to the gynaecological oncology service with suspected recurrence of paravaginal angiomyxoma, five years after surgery to remove the primary tumour.

**Results** Preoperative magnetic resonance imaging revealed a paravaginal mass measuring 5 cm x 4.5 cm x 5.5 cm extending from the lower vagina and gradually tapering at the level of the vulva on the left side. Following six months of treatment with GnRH analogue, the mass was excised under general anaesthesia. A multilobular tumour extending from the fat of the left labium to the bladder neck and the ischiorectal fossa was excised. Excision beyond the gross margins of...