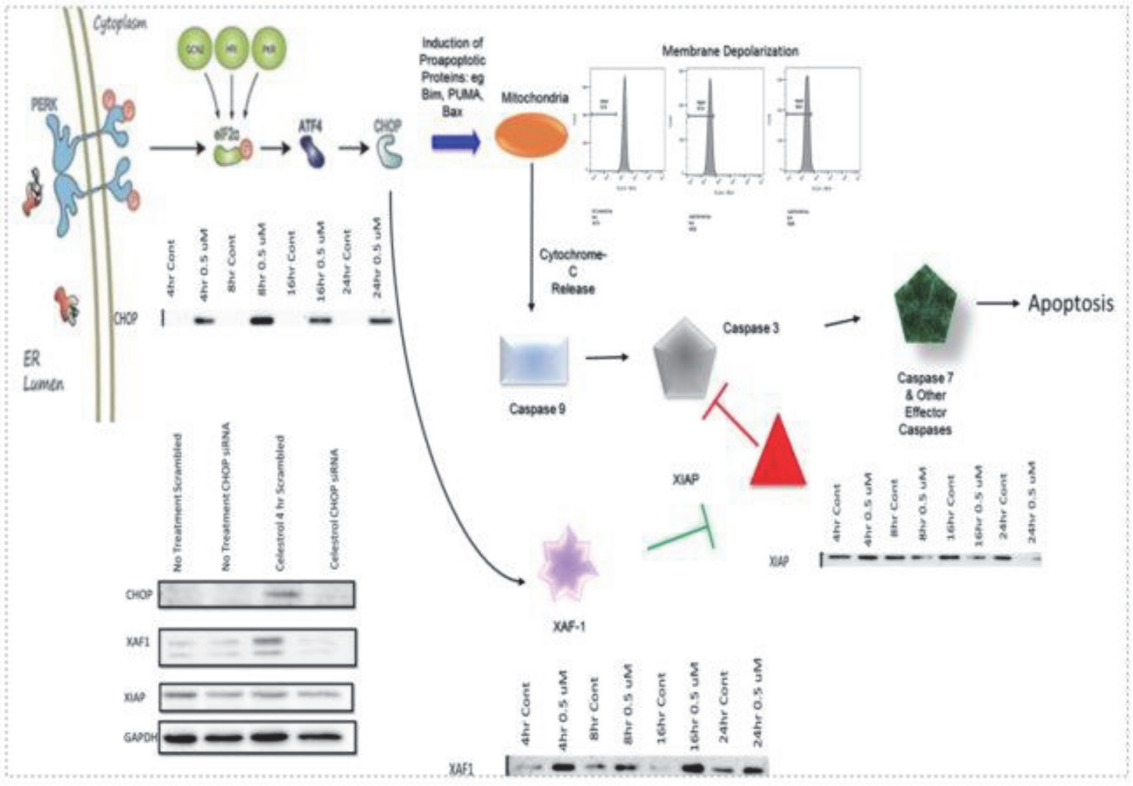

Abstract 337 Figure 1

CHOP resulted in a lack of rise in XAF-1 with UPR activation.

Conclusions Activating UPR with agents that upregulate the CHOP/XAF-1 axis induce death in chemo-sensitive/resistant OVCA lines. XAF-1 is presumptively regulated by CHOP and a major effector of UPR, required for full cytotoxic activity. The CHOP/XAF-1 arm of UPR is a promising targetable pathway for treating HG/LG OVCA.

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338 **BODY IMAGE AND SEXUAL FUNCTION IN POSTMENOPAUSAL WOMEN AFTER SURGERY FOR BREAST CANCER**

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Objectives Breast cancer is the most frequent solid cancer among menopausal women. The main objective of this study is to evaluate the body image and the sexual function in menopausal women diagnosed with nonmetastatic and operable breast cancer.

Methods This is a prospective cohort-type study of 200 menopausal women diagnosed then operated on for breast carcinoma between January 2017 and January 2019 in the department of Gynecology and Obstetrics of Farhat Hached Teaching Hospital Sousse, Tunisia. Patients were stratified based on whether they underwent conservative (G1) or radical (G2) breast surgery.

The data collection used 2 standardized psychometric assessment scales validated in Arabic:

The Body-Esteem Scale for Adolescents and Adults (BESAA) for the evaluation of the body image and The Arab Female Sexual Function Index (ArFSFI) for evaluation of sexual function.

Results The two groups were comparable in terms of age and of socio-economical characteristics of the patients and their spouses. The median tumor size at the time of cancer diagnosis was 3.6 cm (± 1.2) in G1 and 6.1 cm (± 2.6). The body image was lower after mastectomy with a significant difference for the item appearance(p = 0.047); without influencing any aspect of the sexual function. The results

Abstract 338 Table 1 Comparison of the sexual function scores according to the Arab Female Sexual Function Index (ArFSFI)

Sub-sexual function scores															
	Desire		Excitation		Lubrication		Orgasm		Satisfaction		Pain		Total		p
	G1	G2	G1	G2	G1	G2	G1	G2	G1	G2	G1	G2	G1	G2	
Mean	3,6	4.1	3,3	3.9	4,2	4.4	3,2	3.9	4,8	5.1	3,2	3.1	22	24.5	0.084
Minimum	1,2	1.4	0	0	0	0	0	0	0,8	1.2	0	0	2	4	-
Maximum	4,8	6	5,7	6	6	6	5,6	5.8	6	6	4,4	6	30,4	32.6	-

G1: Conservative breast surgery group - G2: Radical breast surgery group

concerning the sexual function are synthesized in the following table 1.

There is an inversely positive correlation between the husband's education level and the feminine sexual dysfunction p = 0.042.

Conclusion Although the body image esteem is lower after mastectomy in menopausal women, there is no difference in their sexual function.

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339 OVARIAN CANCER EPIDEMIOLOGY IN JIGAWA, NIGERIA. A 4 YEAR REVIEW

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Background Ovarian cancer is the second most common cause of cancer death among women in Nigeria. This is as a result of the absence of a reliable screening tool and the pervasive poverty in the region. **Objectives**

The aim is to describe the epidemiologic properties of ovarian cancer in a Tertiary Institution in Jigawa, Nigeria.

Methods A retrospective review of all patients with histologically confirmed ovarian cancer admitted to the gynecological ward of the hospital over a period of 4 years was carried out. Relevant data was retrieved from the ward registers and medical case records. Data was analyzed using Epi info™.

Results A total of 22 patients were admitted during the study period, constituting 1.6% of all gynecological admissions and 30.1% of gynecological malignancies. It was the second most common gynecological malignancy. The mean age of the ovarian cancer patients was 51.1%, with 33.4% being premenopausal with a mean age of 33.6. 54.5% of the patients were of low parity. Abdominal swelling was the most common presenting symptom with 80% of the patients presenting with advanced disease. Serous cystadenocarcinoma was the most common histological variant accounting for 45.4% of cases and a mean age of occurrence of 33.7 years. Granulosa cell tumour was the second most common accounting for 18.1% of cases.

Conclusion There is a rising trend in ovarian cancer cases especially among premenopausal women. Increasing awareness and prompt treatment will reduce mortality from the disease.

IGCS20_1363

340 PERFORMANCE CHARACTERISTICS OF SCREENING STRATEGIES TO IDENTIFY LYNCH SYNDROME IN WOMEN WITH NON-SEROUS AND NON-MUCINOUS OVARIAN CANCER

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Objectives The incidence of Lynch syndrome (LS) and the optimal screening strategy has not been determined for women with ovarian cancer (OC). We compared the performance characteristics between immunohistochemistry (IHC) for mismatch repair (MMR) proteins, microsatellite instability (MSI) testing and family history.

Abstract 340 Table 1 Performance characteristics of screening strategies for identifying mismatch repair germline mutations (Lynch syndrome) in women with newly diagnosed non-serous/non-mucinous ovarian cancer. *Indicates calculation excluding MLH1 hypermethylated cases. Abbreviations: IHC, immunohistochemistry; MSI, microsatellite instability; eFHQ, extended family history questionnaire; PPV, positive predictive value; NPV, negative predictive value

Screening strategy	No.	Sensitivity (95%CI)	Specificity (95% CI)	PPV (95%CI)	NPV (95%CI)
IHC	189	84.6 (54.6-98.1)	90.3 (85.0-94.3)	39.3 (21.5-59.4)	98.7 (95.6-99.8)
IHC*	189	84.6 (54.6-98.1)	97.7 (94.3-99.4)	73.3 (44.9-92.2)	98.9 (95.9-99.9)
MSI	156	81.8 (48.2-97.7)	93.1 (87.7-96.6)	47.4 (24.5-71.1)	98.5 (94.8-99.8)
eFHQ	147	54.5 (23.4-83.3)	91.9 (86.0-95.9)	35.3 (14.2-61.7)	96.2 (91.3-98.7)
IHC + MSI	188	92.3 (64.0-99.8)	90.9 (85.6-94.7)	42.9 (24.5-62.8)	99.4 (96.6-99.9)
IHC + MSI*	188	92.3 (64.0-99.8)	97.7 (94.2-99.4)	75.0 (47.6-92.7)	99.4 (96.8-99.9)