

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

R Adejumo*. *Rasheed Shekoni specialists Hospital, Nigeria*

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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.

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

¹S Kim*, ²A Tone, ³A Pollett, ³M Cesari, ³B Clarke, ⁴L Eiriksson, ⁵T Hart, ⁶S Holter, ⁷A Lytwyn, ⁸M Maganti, ⁹L Oldfield, ⁹T Pugh, ¹⁰S Gallinger, ¹M Bernardini, ¹¹A Oza, ¹²D Vicus, ¹³V Dube, ¹⁴R Kim, ¹S Ferguson. ¹Department of Obstetrics and Gynecology, University of Toronto, Canada; ²Division of Gynecologic Oncology, Princess Margaret Cancer Centre/University Health Network/Sinai Health Systems, Canada; ³Department of Laboratory Medicine and Pathobiology, University of Toronto, Canada; ⁴Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Juravinski Cancer Centre, McMaster University, Canada; ⁵Department of Psychology, Ryerson University, Canada; ⁶Zane Cohen Centre for Digestive Diseases, Familial Gastrointestinal Cancer Registry, Mount Sinai Hospital, Canada; ⁷Division of Anatomical Pathology, Department of Pathology and Molecular Medicine, McMaster University, Canada; ⁸Department of Biostatistics, Princess Margaret Cancer Centre/University Health Network, University of Toronto, Canada; ⁹Department of Medical Biophysics, University of Toronto, Canada; ¹⁰Division of General Surgery, Princess Margaret Cancer Centre/University Health Network/Sinai Health Systems, Canada; ¹¹Division of Medical Oncology and Hematology, Princess Margaret Cancer Centre/University Health Network/Sinai Health Systems, Canada; ¹²Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Sunnybrook Health Sciences Centre, University of Toronto, Canada; ¹³Trillium Health Partners/Credit Valley Hospital, Canada; ¹⁴Fred A Litwin Family Centre for Genetic Medicine, University Health Network, Canada

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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)