

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.

## IGCS20\_1362

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

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

10.1136/ijgc-2020-IGCS.291

**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

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

10.1136/ijgc-2020-IGCS.292

**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)

**Methods** Women with non-serous/mucinous OC were prospectively recruited from three cancer centers in Ontario, Canada. Tumors were assessed for defects in MMR by IHC and MSI testing. All women completed a family history assessment and underwent germline testing for LS. The performance characteristics were compared between the screening strategies compared to germline result.

**Results** Of 215 women, 185 had OC alone (86%) and 30 had synchronous OC and endometrial cancers (14%). Germline data was available for 189 women (88%). Twenty-eight were MMR deficient (MMRd) by IHC (13%; N = 215), one (0.5%) IHC equivocal and 19 (12%; N=162) were MSI-high (MSI-H). Of those with MMRd, 11 had germline mutation (39%; N=28). In total, thirteen women (7%; N = 189) had germline mutations: 3 MLH1, 7 MSH6, 1 MSH2 and 2 PMS2. Combined IHC and MSI testing after excluding MLH1 hypermethylated cases was the best screening strategy with sensitivity of 92.3%, specificity of 97.7%, PPV of 75% and NPV of 99.4%. Family history had the lowest performance characteristics with sensitivity of 55%.

**Conclusions** The most superior screening strategy to identify women with LS in this population is combined IHC and MSI testing after MLH1 hypermethylation testing and should be considered as standard of care.

## IGCS20\_1364

### 341 SURGICAL MORBIDITY OF LAPAROSCOPIC VS. OPEN SURGERY FOR BORDERLINE OVARIAN TUMORS: A SINGLE CENTER ANALYSIS

N Oltolina\*, M Longo, A Lembo, M Dri, G La Motta, V Granato, F Ghezzi, J Casarin. *Obstetrics and Gynecology Dpt. University of Insubria, Italy*

10.1136/ijgc-2020-IGCS.293

**Objective** To evaluate the short-term morbidity in Borderline Ovarian Tumor (BOT) patients who underwent laparoscopic (LPS) vs. open abdominal laparotomic (LPT) surgery.

**Methods** We retrospectively analyzed data of consecutive patients treated for primary diagnosis of apparent early stage BOT at Del Ponte Hospital (Varese-Italy) between January 2004 and December 2019. Both radical and fertility-sparing treatments were included in our investigation. Demographic characteristics, operative outcomes and 30-day complications were evaluated and compared between the two surgical approaches.

**Results** We included data of 128 patients, 84 LPS and 44 LPT. Fifty-seven patients underwent fertility sparing surgery

(LPS=31, LPT=26) while 71 patients underwent radical treatment (LPS=53, LPT=18, p=0,17). When comparing LPS vs LPT, median age at surgery was 45,5 vs 59 years old (p<0.001), with 38,09% vs 59,9% patients in menopausal status, respectively (p=0,02). Ten (11,9%) and 14 (31,81%) patients had previous open abdominal/pelvic surgery in the LPS and LPT groups, respectively (p=0,0061). Charlson Comorbidity Index >3 was found in 5 (5,95%) vs. 15 (34,1%) patients (P=0,002). No significant differences were found in terms of parity, previous Caesarean section, previous minimally invasive abdominal/pelvic surgery, and race. Regarding the short-term morbidity, LPS was associated with less blood loss (50 ml vs 200 ml, p=0,01), need for perioperative blood transfusions (0% vs. 6,82%, p=0,005) and in-hospital complications (0% vs. 4,55%, p=0,04).

**Conclusions** Because of the favorable surgical outcomes, LPS should be considered the standard surgical approach for the treatment of patients with primary diagnosis of early stage BOT.

## IGCS20\_1365

### 342 COMPARATIVE ASSESSMENT OF SURVIVAL RATE IN ENDOMETRIAL CANCER INTERMEDIATE RISK

S Mavrachev\*. *Aliksandr Shushkevich, Belarus*

10.1136/ijgc-2020-IGCS.294

**Background** To evaluate the long-term results of surgical (ST) and combined treatment (CT) techniques for endometrial cancer (EC) of intermediate risk in a prospective randomized study.

**Methods** 117 patients with an intermediate risk of EC received treatment at N.N. National cancer centre of Belarus. Patients were randomized for 3Cgroups.

The first group - patients who underwent ST (simple hysterectomy with bilateral salpingo-oophorectomy (H-BSO) and pelvic lymphadenectomy).

The second group - patients who underwent ST (the same volume of operation) with preoperative brachytherapy (PBT).

The third group - patients who underwent ST (the same level of operation) with adjuvant endovaginal brachytherapy (EBT).

**Result** We evaluate 5-year overall (OS), cancer-specified (CSS) and disease-free (DSF) survival rate in entire groups. In each group, OS, CSS and DFS survival rate was 87.8% (95% CI 80.7–93.3%), 91.4% (95% CI 84.8–95.8%) and 86.1% (95% CI 78.7–91.9%), respectively. Between all three groups, we don't find any statistically significant differences in terms of OS, CSS, and DFS.

Between ST and CT statistically significant differences in OS parameters (p=0.568), CSS (p=0.483) and DFS (p=0.846) also weren't obtained. There weren't statistically significant differences between the endometrioid carcinoma Ib G1-2 and Ia G3 in terms of OS, CSS and DFS. There weren't statistically significant differences between tumors with or without lymphovascular space invasion in terms of OS, CSS, DFS.

**Conclusion** Statistically significant differences in survival in ST and CT were not obtained for intermediate risk. Despite this, CT appears to be a more appropriate method of treatment, which allows strengthening local control.

Abstract 341 Table 1

Surgical outcomes	LPS N=8	LPT N=44	p-value
Type of treatment			0,17
-Radical surgery	53	18	
-Fertility-sparing	31	26	
Operative time (minutes)	54 (34-82)	69 (45-80)	0,29
Estimated blood loss (ml)	50 (0-400)	200 (10-2000)	0,01
Intraoperative blood transfusion	0 (0%)	4 (9,10%)	0,01
Intraoperative complications	0 (0%)	0 (0%)	1,00
In-hospital complications	0 (0%)	2 (4,55%)	0,04
ICU admission	0 (0%)	1 (2,27%)	0,16
Post-operative blood transfusion	0 (0%)	3 (6,82%)	0,01
30 days complications			
- surgical	1 (1,19%)	1 (2,27%)	0,53
- medical	0 (0%)	1 (2,27%)	0,13