Abstract 379 Table 1 KRAS mutation rate by histology in uterine (endometrial) and ovarian cancers

Cancer Type	KRAS Mutation	KRAS No Mutation	Total	KRAS Mut %
Endometrial (All)	33	226	259	12.7
Sarcoma	1	27	28	3.6
Type 1	19	73	92	20.7
Type 2	13	126	139	9.4
Ovarian (All)	27	377	404	6.7
Clear Cell	2	15	17	11.8
Endometrioid	9	14	23	39.1
Granulosa	-	10	10	0
Malignant mixed müllerian tumor	3	35	38	7.9
Mucinous	4	1	5	80.0
Serous	9	297	306	2.9
Other	0	5	5	0

A.

B.

Abstract 379 Figure 1 RAS sub-types in uterine (endometrial) and ovarian cancers

Conclusions KRAS mutations in exon 2 are frequent in uterine and ovarian malignancies. Clinical trials evaluating subtype-specific KRAS inhibitors in uterine and ovarian tumors are warranted.

IGCS20_1407

380

DEVELOPING A PROTOCOL FOR PRE-OPERATIVE RADIOLOGICAL STAGING OF LOW-GRADE ENDOMETRIAL CANCER FOR THE THAMES VALLEY CANCER ALLIANCE NETWORK

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Introduction Currently the Thames Valley Cancer Network does not undertake any preoperative staging for low-grade endometrial cancer. Consequently a number of patients require completion surgery for bilateral pelvic lymph node dissection. Last year 20/178 cases of low-grade endometrial cancer went on to have completion surgery. This review was designed to consider three proposals for preoperative staging, and to determine the impact on the service delivery – both the caseload for the radiology and surgical teams; and the potential for delaying the treatment times. We aim to reduce the number of cases requiring additional surgery/adjuvant therapy.

Methods We undertook a retrospective review over a six-month period of all cases diagnosed with low-grade endometrial cancer, to determine the final histological staging and how many patients had already had an MRI. Our assumption for the modelling was that the MRI staging would accurately

Abstract 380 Table 1

Protocol	Grade/Stage	Patient Number	MRI Current Ad hoc	Extra MRI	Extra cases for Bilateral Pelvic Lymph Node Dissection
1	Stage 1B on ultrasound	22	3	19	0
2	Grade 1 and 2	80	13	67	5
3	Grade 2	17	5	12	5

match the final histological staging. We identified 80 cases. 13 patients had already undergone an MRI. We modelled three protocols.

Results

1. No extra cases identified that needed completion surgery and would require reporting standardisation and sonographer up-skilling.
2. Significant pressure on the radiology service.
3. Identified the best detection of cases without excessive demand from the radiology service.

Conclusion All protocols may delay service provision and lead to additional costs. Undertaking an MRI for grade 2 cancers only achieves the greatest benefit with least impact on service, increasing primary surgery but reducing the need for completion surgery/adjuvant therapy. Further investigation of ultrasound scan reporting is on-going.

IGCS20_1410

383 QUALITY OF LIFE CONCERNS DURING AND AFTER TREATMENT FOR ADVANCED BREAST OR CERVICAL CANCER IN ZAMBIA

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Introduction Improving the lives of women with breast and cervical cancer requires a multidimensional approach encompassing the entire continuum of care. Our objective was to identify key quality of life concerns among Zambian women treated for advanced breast and cervical cancer.

Methods Survivors participated in focus groups in their local languages. Common themes were analyzed.

Results Among breast cancer patients, common themes included social support, financial hardships, delayed access to care, and faith. Some family members supported treatment by traditional healers; others reported strong support for hospital-based care. Financial concerns included transportation costs, medical expenses, and children's school fees. Unavailable or missing test results and other treatment delays posed further stress. Faith wavered near the time of diagnosis but was renewed after completing treatment.

Among cervical cancer patients, common themes included delays in care, financial hardships, and community beliefs that cancer is fatal. Participants described difficulties traveling to the central treatment facility, delays in treatment initiation, and needing to ask others for financial contributions. Many experienced decreased libido and vaginal stenosis. Some had supportive husbands; others experienced marital strife and even abandonment. Among reproductive age women there was confusion over whether pregnancy is possible after treatment.

Conclusions/Implication Survivors of advanced breast and cervical cancer expressed many common concerns. Some started at the time of diagnosis and encompassed treatment choices (traditional vs conventional), finances, and sexual dysfunction. Findings from this study can inform survivorship services and underscore the need to decrease delays in diagnosis and treatment.

IGCS20_1411

384 PATIENT INITIATED FOLLOW UP: EXPERIENCES FROM A TERTIARY GYNAECOLOGICAL ONCOLOGY CENTRE

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Introduction With limited clinical evidence supporting traditional current clinical models for patient follow up post cancer treatment, there is a need to collate evidence to develop more robust protocols. There is a growing body of evidence supporting patient initiated follow up (PIFU). PIFU can lead to a more flexible, positive consultation, whilst also having a positive impact on resource utilisation. At the Northern Gynaecological Cancer Centre in Gateshead we aim to introduce a PIFU protocol based on patient experience. The aim of this project is to redesign and improve current follow up protocols.

Methods 7 focus groups of patients and their carers from the North East of England were set up. The aim was to determine the views and opinions on the acceptability of PIFU using semi-structured interviews. Outcomes measured were satisfaction with the information provided and impact on quality of life.

Results 58 participants were recruited to focus groups. Most participants thought follow up appointments were used to detect recurrences and found them reassuring. Most would have preferred to be seen at hospital because of this reason and so would not like a telephone or skype follow up.

Conclusion Most participants expressed a preference for hospital follow up this could be influenced by a lack of experience of alternatives. Our aim is to now explore PIFU experiences using information from questionnaires given to patients following treatment for endometrial cancer. If this transpires to be a positive experience and improve recurrence detection we aim to expand PIFU to ovarian cancer.

IGCS20_1412

385 SENTINEL LYMPH NODE BIOPSY FOR EARLY STAGE ENDOMETRIAL AND CERVICAL CANCER PERFORMED BY SURGEONS IN TRAINING

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Introduction The aim of this study was to evaluate the results of the sentinel lymph node (SLN) biopsy performed by doctors in training in a referral cancer center, from 2016 to 2020.

Methods 126 patients, over 18y.o., with a prior diagnosis of initial endometrial (EC) or cervical (CC) cancer underwent to SLN biopsy performed by surgical oncology residents or gynecologic oncology fellows, under direct supervision of a qualified preceptor. SLN was detected with blue dye with or without scintigraphy.