

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

¹K Pfaendler*, ²C Mwaba, ²B Maliti, ²E Walubita, ³G Parham. ¹West Virginia University (WVU) Medicine, USA; ²Cancer Diseases Hospital, Zambia; ³University of North Carolina, USA

10.1136/ijgc-2020-IGCS.330

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

H Fairley*, Y Anderson, C Ang, K Roberts, H Manderville. *Norther Gynaecological Oncology Centre, UK*

10.1136/ijgc-2020-IGCS.331

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

A Munhóz*, A Tsunoda, J Linhares, R Ribeiro, A Vargas, F Schamne. *Hospital Erasto Gaertner, Brazil*

10.1136/ijgc-2020-IGCS.332

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.