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-skill.
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

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

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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. Unavoidable 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_1413

**386 DIAGNOSTIC SIGNIFICANCE OF P53, P16, WT1 IN Lavage Samples from Uterine Cavity for Serous Ovarian Cancer Detection**

K Zhordania, N Gokadze*, Zhordania Kirill MD, Russia; Gokadze Nadezhda, Russia

**Purpose**
According to modern concepts, serous ovarian cancer originates from epithelial cells of the fimbria part of the fallopian tube and can exfoliate cells. In this study, we decided to evaluate the diagnostic significance of the expression of main cytological markers which are widely used for serous ovarian cancer detection (p53, p16, wt1) in lavage samples from the uterine cavity.

**Patients and Methods**
Lavage samples from the uterine cavity were obtained from 221 patients including patients with serous ovarian cancer (high-grade-51, low-grade-20), 50 patients with benign ovarian tumors, 50 patients with metastatic lesions of the ovaries and 50 women without oncologic pathology. Cytospin multilayer preparations were made and cytological examination and immunocytochemical analysis with monoclonal antibodies to p53, p16, wt1 were performed on a Ventana immunohystostainer (BenchmarkULTRA).

**Results**
The p53 marker showed the greatest diagnostic significance in the group of serous high-grade carcinomas (n=51): p53 expression was positive in 31 of 51 (61%) observations. The positive reaction of the wt marker was observed in 24 of 51 (47%) cases, p16 expression - in 25 of 51 (49%) cases. In the group of patients with low-grade carcinomas (n=20), in contrast to the group of patients with high-grade tumors, a positive reaction of the p53 marker was observed in 3 of 20 cases (15%), p16 - in 2 (10%), wt1 - in 12 (60%).

**Conclusion**
This data shows that serous ovarian cancer tumor cells are shed and can be collected in the uterine cavity, and this approach can be used in clinical practice.

**IGCS20_1414**

**387 ESTROGEN-RELATED RECEPTOR ALPHA (ESRRA) COPY NUMBER VARIATION IS ASSOCIATED WITH HISTOLOGICAL GRADE IN OVARIAN CANCER**

X Huang*, Fujian Provincial Maternity And Children’s Health Hospital, Affiliated Hospital Of Fujian Medical University, China

**Background**
Copy number variations (CNVs) are related to the genetic and phenotypic diversity among cancers. Identifying genetic alterations of ovarian cancer could benefit treatment strategies. We explored the association of estrogen-related receptor alpha (ESRRA) copy number variation (CNV) in patients with ovarian cancer using The Cancer Genome Atlas (TCGA).

**Methods**
Gene expression data and clinical information were obtained from TCGA for 620 ovarian cancer patients. The association between ESRRA CNV and clinical characteristics was evaluated by using the TCGA ovarian cancer dataset. Multivariate logistic regression analysis with odds ratio (OR) using a 95% confidence interval (CI) was performed adjusting for race, age, histological grade, and tumor size.

**Results**
ESRRA CNV was associated with histological grade [OR 0.6235 (95% CI, 0.3593 ~ 0.8877) P<0.05] and PPARGC1A CNV [OR -0.6298 (95% CI, -0.9011 ~ -0.3585) P<0.05] in patients with ovarian cancer. On multivariate analysis, ESRRA CNV remained significantly associated with histological grade [OR 0.6492 (95% CI, 0.3549 ~ 0.9435)] P<0.05] and PPARGC1A CNV [OR -0.6236 (95% CI, -0.9269 ~ -0.3203); P<0.05].

**Conclusions**
ESRRA CNV in patients with ovarian cancer was associated with histological grade. Further studies should be conducted to make ESRRA a potential marker for targeted molecular therapy in ovarian cancer.

**IGCS20_1415**

**388 ABDOMINAL INCISION SITE RECURRENCE IN A PATIENT WITH ENDOMETRIAL ADENOCARCINOMA**

P Fernandez*, J Luna. Philippine General Hospital, Philippines

Endometrial cancer is frequently diagnosed at an early stage and exhibits a good prognosis. However, 10–15% of tumors recur usually within 3 years, commonly at the vaginal vault and pelvis. Only a number of case reports exist for tumor recurrence in an abdominal incision site. We present a case of a 71-year-old Filipina, a diagnosed case of Endometrial Adenocarcinoma Stage IIIA s/p surgery and chemoradiation, who presents with an enlarging abdominal mass of one-year duration at the inferior aspect of the surgical scar after 8 years of no evidence of disease. Physical examination revealed a 6 × 4 cm, friable, movable, nontender suprapubic mass. Surgical resection showed that the mass was confined to the abdominal wall, with no evidence of extension into the abdominopelvic cavity. Histopathology of the mass revealed adenocarcinoma, confirming tumor recurrence in an atypical location.