domains, the ‘Lebanese domains’ were created and showed better outcomes. These new domains had better composite reliability (CR) than the adapted domains, but more modest AVEs. Their discriminant validity (HTMT reports) was also satisfying.

Conclusion Merck and coll. ‘s item distribution seems flawed; however, reverse scoring the cited items may improve its validity. The adapted domains and the ‘Lebanese domains’ seemed the most suitable for our population. Although the two distributions have their limitations, the ‘Lebanese domains’ were overall superior.

IGCS20_1480

442 FAMILIAL SWYER SYNDROME ASSOCIATED WITH MIXED GERM CELL TUMOR: A CASE REPORT

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Background Swyer syndrome, a type of complete gonadal dysgenesis, is one of the rarer forms of the spectrum of disorders of sexual differentiation (DSD). Affected individuals have an XY karyotype but appear phenotypically female with characteristic hypoplastic gonads, presenting with primary amenorrhea and delayed puberty as main complaint. Only a few cases on siblings with Swyer syndrome have been reported.

The accepted practice is to remove both gonads upon diagnosis to prevent the malignant transformation.

Case We present a case of a 14-year-old with primary amenorrhea and delayed puberty who consulted at our institution for an abdominopelvic mass. Family history is pertinent for relatives with menstrual abnormalities and delayed secondary sexual development; with an older sister having a confirmed XY karyotype. She underwent exploratory laparotomy to remove the tumor, however, the mass was deemed unresectable. The tumor was sampled and sent for frozen section which showed a malignant round cell tumor. Final histopathologic and immunohistochemistry studies showed a mixed germ cell tumor. She received three cycles of neoadjuvant chemotherapy prior to the definitive removal of the tumor and three more postoperatively. Chromosomal analysis confirmed an XY karyotype.

Conclusion Although rare, a diagnosis of Swyer syndrome must be considered in any adolescent with primary amenorrhea and an abdominopelvic mass. The diagnosis is confirmed with clinical findings combined with hormonal, gonadal, and chromosomal analyses. Routine gonadectomy and hormone replacement therapy are central to the management of patients with Swyer syndrome.

IGCS20_1481

443 PARTICIPANT DEMOGRAPHICS AND DISPARITIES IN OVARIAN CANCER CLINICAL TRIALS

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Background Clinical trials comprise the cornerstone of advancing care for patients with ovarian cancer. Diverse populations of trial participants are essential to ensuring generalizability of
results. To date, no prior study has aggregated all publicly available ovarian cancer clinical trials or analyzed the demographic makeup of participants enrolled in these trials.

**Methods** We evaluated all interventional therapeutic ovarian cancer trials registered to ClinicalTrials.gov that enrolled at US sites. Data were captured regarding study phase, enrollment sites, outcome metrics, and study population.

**Results** Our search identified 313 studies, of which 262 had published results for evaluation. To assess race and ethnicity, studies were then limited to the 217 studies enrolling at purely U.S. sites. Mean number of locations per study was 13.2 (range 1–390); mean number of participants per trial was 70.1 (range 1–3412). Only 75 studies (34.6%) reported participant race. Most studies enrolled predominantly white patients. Greater than 75% of enrollees were white, and 20 studies (26.7%) enrolled only white participants. Even fewer trials (52 studies, 19.8%) reported ethnicity data. The majority of studies enrolled predominantly Non-Hispanic/Latino participants. Greater than 75% of participants were Non-Hispanic/ Latino, with 24 studies (46.2%) enrolling 100% Non-Hispanic/Latino patients.

**Conclusions** Few trials report the demographics of their participants, limiting the ability to assess generalizability. Most therapeutic trials for ovarian cancer patients enroll exclusively white and/or non-Hispanic/Latino participants. Further work is needed to elucidate the barriers to enrollment of diverse patient populations in order to ensure equity in the treatment of patients with ovarian cancer.

**IGCS20_1482**

**444 THE USE OF SENTINEL LYMPHNODE BIOPSY IN THE TREATMENT OF BREAST DUCTAL CARCINOMA IN SITU**

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**Introduction** With improvements to the breast cancer screening program, more and more women with ductal carcinoma in situ (DCIS) are being diagnosed and treated. However, the axillary treatment of patients with DCIS remains controversial. These patients, who exhibit pre-invasive tumors with no invasive component, are theoretically believed to have no chance of lymph node metastases.

**Material and Methods** It is a retrospective study carried out at the institute of Salah Azziez Tunisia which included 243 patients presented with the final pathology of DCIS, over a period of 22 years between the years 1993 and 2014.

**Results** 243 patients presented with the final pathology of DCIS, 18.10% of patients underwent sentinel lymph node biopsy (SLNB). A total of 61 (25%) patients underwent breast-conserving surgery (BCS), and 182 (75%) underwent mastectomy, of which 0.82% and 17.28% respectively had a concomitant SLNB. All the lymph node samples were not metastatic. The colorimetric method revealed 34.09%, the scintigraphic method (45.45%) and the use of the twomethods about 68.18%.

In the post-operative, no complication was seen in this patients, however the patients who had axillary dissection had a complications like: Lymphede Dema and lymphocele.

**Conclusion** The rates of SLNB positivity in pure DCIS are very low, and there is continuing uncertainty about its clinical importance.

**IGCS20_1483**

**445 IMPROVING WOMEN’S HEALTH – ONE HUMAN PAPILLOMAVIRUS VACCINATION AT A TIME!**

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Persistent high-risk human papillomavirus (HPV) infections causes cervical precancer. HPV vaccination decreases the risk of cervical pre-cancer by up to 99%. The rate of vaccine uptake remains low. In KK Women’s and Children’s Hospital (KKH) C Clinic, the rate of eligible patients vaccinated is 5.3% and only 6.5% of eligible patients were offered the vaccine. The HPV vaccine taskforce aimed to increase the rates of eligible patients vaccinated and offered the vaccine.

Factors leading to low uptake rates were identified and included the lack of awareness, lack of information, cost and accessibility issues. Accessibility issues were addressed by making vaccines available in clinic. Prices of the vaccines were subsidised, claims were made easier and consultation charges were waived. Education sessions were conducted for staff. In-house pamphlets and posters were developed and reminders were placed in clinic waiting areas. The electronic documentation was modified to include HPV vaccination. The Ministry of Health in Singapore also implemented a free opt-in HPV vaccination programme for secondary school girls. An audit was conducted over 6 months to assess rates of vaccination.

The rate of eligible patients being offered the HPV vaccine in KKH C Clinic increased from 6.5% to 27.7% (p<0.001). The rate of eligible patients vaccinated increased from 5.3% to 8.3% (p=0.083).

The HPV vaccine taskforce was effective in improving rates of HPV vaccination and patient awareness of the HPV vaccine. With this project, coupled with changes in Singapore’s...