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 1–4312). 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 LYMPH NODE BIOPSY IN THE TREATMENT OF BREAST DUCTAL CARCINOMA IN SITU

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10.1136/ijgc-2020-IGCS.385

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 Aziez 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 nodes sampled were not metastatic. The colorimetric method was done in 34,09%, the scintigraphic method (45,45%) and the use of the two methods is about 68,18%.

In the post-operative, no complication was seen in this patients, however the patients who had any lymph node dissection had a complications like: Lymphedema 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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10.1136/ijgc-2020-IGCS.386

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

Abstract 445 Figure 1