

metastasis in primary low-grade ovarian cancer. Further prospective trials evaluating LVSI and Ki-67 as a predictor of lymph-node metastasis should be planned.

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COMPARISON OF DIFFERENT METHODS TO DETERMINE MYOMETRIAL INVASION IN ENDOMETRIAL CANCER – A NATIONWIDE SWEGCG STUDY

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Background Deep myometrial invasion (MI) ($\geq 50\%$) is a prognostic factor for lymph node metastases and poorer survival in endometrial cancer. There is no consensus regarding which pre/peroperative diagnostic method should be preferred.

Aim To explore the pattern of different diagnostic methods for MI assessment in Sweden and to evaluate differences between MRI, vaginal ultrasound, frozen section and gross examination in clinical practice.

Methods Women with endometrial cancer registered in the Swedish Quality Registry for Gynecologic Cancer (SQRGC) between January 2010 and December 2019 were eligible. Inclusion criteria were FIGO stage I-III and available information on histology and on assessment of MI. Data on age, histology, FIGO stage, degree of MI, histology results, method for MI assessment and hospital level were collected from the SQRGC. The final assessment by the pathologist on specimens from hysterectomy was golden standard.

Results The study population included 1,950 women, 33% (n=649) had a MI $\geq 50\%$. The methods used for MI assessment were vaginal ultrasound in 54%, MRI in 22%, gross examination in 13% and frozen section in 11% of cases. Age, histology or FIGO stadium did not differ between the methods. The sensitivity, specificity and accuracy of vaginal ultrasound was 61.2%, 83.3% and 0.75% respectively, and for MRI 74.2%, 72.7% and 0.73%. The highest accuracy was for frozen section; 95.0%.

Conclusion The assessment of deep myometrial invasion in endometrial cancer is most often performed with vaginal ultrasound in Sweden. The sensitivity of this method is lower in clinical practice than for MRI and perioperative methods.

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DELAYS IN TREATMENT IN GYNAECOLOGY ONCOLOGY PATIENTS IN QATAR SEEKING MANAGEMENT OVERSEAS

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Introduction The gynaecological oncology service in Doha treats all women living in or visiting Qatar. Despite the quality and affordability of the service many women travel overseas for their treatment following diagnosis or present following previous treatment overseas requesting further management. Although they must perceive potential advantages which encourage them to do so, there are difficulties which could arise including delay in treatment of a malignancy that could affect their outcomes. We wished to understand the impact of travel overseas on the waiting time for treatment.

Methods All patients seen over a period of 3 yrs who had travelled overseas were identified. Records were reviewed to identify what impact the decision to travel abroad had made on the timing of their treatment. According to Qatari cancer treatment standards, treatment should be within 14 days of a decision made by MDT. We considered that a delay in treatment would reasonably be defined as an interval of >4 weeks.

Results 18% of patients (n=153/850) with a recorded care plan by the MDT sought medical treatment overseas between 4/2015 and 3/2018. Patients had 25 different nationalities; Qatari nationals represented the majority (40.5%). Patients travelled to 28 different destinations. Most travelled to the U.S.A(15.7%), Philippines(15%), the UK(10.5%) and Thailand (9.2%).

23.5% of patients had a delay in treatment; 9,2% had an unknown treatment timing plan. Most had delays of <6 weeks; 10% had significant delays of many weeks, months and even >1 year.

Conclusion The decision to travel overseas in our patients resulted in delays of treatment for roughly 1/4 of patients. In 10% these delays would be expected to have an adverse effect on outcomes.

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SIMVASTATIN MODIFIES THE INTERNALIZATION, ENDOCYTIC TRAFFICKING, AND THE CONTENT OF OVARIAN CANCER CELL-DERIVED EXTRACELLULAR MICROVESICLES WHICH ARE RESPONSIBLE OF INDUCING MIGRATION AND INVASION IN VITRO

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Introduction High grade serous ovarian carcinoma (HGSO) is the leading cause of death among all gynecological malignancies. Extracellular microvesicles (MVs) are secreted by most cells in the body and play a crucial role regulating cell-to-cell communication and several biological functions. Current