Conclusion Compared to Whites, Blacks and Hispanics have a significantly higher incidence of neuroendocrine carcinoma. Moreover, Hispanics have more advanced stage at presentation.

IGCS20_1012

51 WOULD A MULTI-ETHNIC ASIAN FEMALE POPULATION TAKE UP SELF-SAMPLING HPV TESTING AS A ROUTINE CERVICAL SCREENING METHOD?

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Introduction The uptake of the conventional cervical screening method, Pap smear remains suboptimal among Malaysian women. Vaginal self-sampling HPV testing is an alternative to improve the uptake of cervical screening. This study aims to investigate the attitudes and preferences of self-sampling HPV testing compared to Pap smear among a multi-ethnic female population.

Methods A total of 823 healthy female volunteers aged 35 to 45 were recruited from primary care clinics in urban and suburban areas in Selangor, Malaysia from June 2019 to June 2020. All participants were instructed to self-collect vaginal sample using a dry flocked swab (Copan 522C). An interview was carried out after sample collection to document sociodemographic information and self-sampling experience.

Results Of the 823 participants, 62.7% were Malays followed by 22.0% of Chinese and 12.3% of Indians. A vast majority of participants (83.4%) reported preference towards self-sampling HPV testing over Pap smear and 99.9% indicated willingness to repeat self-sampling HPV testing in 5-year time as a routine cervical screening method. The top 3 reasons for willingness to repeat this test were easy (80.9%), quick/convenient (66.3%) and not embarrassing (59.6%). Divorcees (adjusted OR: 6.08 95% CI: 1.16–31.87), full-time working women (adjusted OR: 4.00 95% CI: 1.15–10.03), housewives (adjusted OR: 4.91 95% CI: 1.57–15.41) and those who have not undergone Pap smear (adjusted OR: 1.80 95% CI: 1.08–3.01) were more likely to express preference for self-sampling HPV testing.

Conclusions/Implications Generally, Malaysian women from a relatively conservative, multi-ethnic background are willing to adopt self-sampling HPV testing as an alternative to Pap smear.

IGCS20_1013

52 THE IMPACT OF THE SURGERY FOR BREAST CANCER IN YOUNG WOMEN ON THEIR COUPLE'S RELATIONSHIP

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Objectives Breast cancer of young women is the most frequent solid cancer among women under 40. The main objective of this study is to evaluate the impact of the surgery for non-metastatic and operable breast cancer in young women on their couple's relationship.

Methods This is a prospective cohort-type study of 200 women under the age of 40 operated on for breast carcinoma between 2016 and 2019 in the department of Gynecology and Obstetrics of Farhat Hached Teaching Hospital Sousse, Tunisia. Patients were stratified based on whether they underwent conservative (G1) or radical (G2) breast surgery.

The patient's couple relationships were evaluated by The Locke and Wallace Marital Adjustment Test (MAT): a standardized psychometric assessment scale validated in Arabic.

Results The two groups were comparable in terms of age and socio-economical characteristics of the patients and their spouses.

The median tumor size at the time of cancer diagnosis was 3 cm ($\pm$ 1.2) in G1 and 5.7 cm ($\pm$ 1.4).

The median MAT questionnaire score was 112 ($\pm$ 31) in G1 and 124 ($\pm$ 13) in G2 with $p = 0.064$.

A couple dysfunction was found in 42% of G1 patients and 47% of G2 patients with a $p = 0.136$.

Conclusion The breast surgery technique for breast cancer (conservative treatment versus mastectomy without reconstruction) does not influence the marital agreement in young Tunisian married women diagnosed and operated in for breast cancer before the age of 40.

IGCS20_1014

53 SURVIVAL AND ONCOLOGICAL OUTCOMES IN THE ELDERLY PATIENTS WITH ENDOMETRIAL CARCINOMA

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Introduction Endometrial cancer is the most common gynecological malignancy in developed countries and about 50% of patients are at age 70 or older at the time of diagnosis. Data is limited in the elderly as they are under-represented in clinical trials. The aim of our study is to evaluate the survival and oncological outcomes of elderly with endometrial carcinoma at an academic center.

Methods IRB-approved retrospective cohort study. Inclusion criteria consisted of age greater than 70 at the time of diagnosis with endometrial cancer who underwent surgery from January 2013 to November 2019 and with at least 6 months of follow up. Data collection included demographics, peri-operative outcome, and mortality.

Results A total of 121 patients met the inclusion criteria. The median age was 75 (range 70–91). The median follow-up was 31 months (range 1–87 month). Median overall survival was 76 months (95% CI 68–84 months). There was a significant difference between median overall survival among different races (79 months for White vs 62 months for Non-Whites). There was a significant difference between median overall survival of those with low grade tumor vs high grade (79

months vs 70; $p=0.033$), and stage 1 vs 2 and 3 (79 months vs 29 vs 28; $p<0.001$).

Conclusions Survival in elderly with endometrial carcinoma is much lower when compared to the general population especially with high grade or advanced stage disease. They are more likely to receive suboptimal treatment due to their health condition. Further clinical studies will give us the opportunity to develop treatment guidelines to improve outcomes.

IGCS20_1015

54

PROGNOSTIC VALUE OF P53 PROTEIN EXPRESSION IN BREAST CANCER

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Introduction Breast cancer is the first women's cancer in terms of frequency and mortality.

New biomarkers have been tested in this cancer with prognostic and therapeutic implications.

Objective To assess the prognostic value of the expression of p53 in breast cancer

Methods Our study was retrospective. An immunohistochemical study of the p53 protein was tested on tissue samples of breast cancer.

We analyzed the correlation between this expression and other conventional prognostic factors: age, tumor size, lymph node invasion, modified SBR grade, profile expression of hormone receptors, and HER-2.

Results Thirty-five patients were enrolled in the study. The average age of our patients was 53.6 years. The average size of the nodules was 5.27 cm. Most tumors (80%) were invasive breast carcinoma of non-specific type, of histological grade II (52%). Almost half (49%) of our patients had lymph node metastases at the time of diagnosis. The immunohistochemical study revealed an expression of estrogen receptors in 37% of the cases, of progesterone receptors in 34% of the cases and of the HER-2 in 65% of the cases. As for the protein p53, it was expressed in 80% of the cases. We found no correlation between p53 expression and classical prognostic factors as well as survival.

Conclusion Although several studies have found a correlation between the expression of p53 and the classic prognostic factors of breast cancer, the status of p53 cannot be applied routinely such as tumor stage, lymph node status, and histological grade.

IGCS20_1017

56

A CASE ON AGGRESSIVE ANGIOMYXOMA OF THE VAGINA

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Abstract 56 Figure 1

Abstract 56 Figure 2

Aggressive Angiomyxoma (AAM) is a rare mesenchymal tumor found among women, with the propensity to infiltrate the soft tissues of the pelvic and perineal area. It is often misdiagnosed as a benign lesion due to its gross appearance and indolent nature. This poses a clinical dilemma for most gynecologist because of the high rate of recurrence due to inadequate excision of the infiltrative tumor. Vis-a-vis, histopathologically, the morphology of angiomyxoma may resemble benign lesions such as fibroepithelial polyps. The misdiagnosis of an otherwise benign lesion impacts the management and prognostication of patients. This could produce unnecessary anxiety and stress on the patient. The importance of histopathological diagnosis is underscored especially in the setting of indigent patients with limited funds. A clear protocol for the management of AAM is difficult to ascertain because of its rarity, there are but a few case reports documenting the disease and not enough to conduct clinical trials. This report presents a case of angiomyxoma diagnosed post operatively and its management at in a resource limited setting. Pre-operative diagnosis is difficult due to rarity and absence of diagnostic features, but it should be considered in every mass in genital, perianal and pelvic region in a woman in the reproductive age.