

implemented a multi-disciplinary surgical team including gynaecological oncologists, colorectal, hepatobiliary and upper GI surgeons to increase gross macroscopic resection rates.

Methods Two cohorts were used. Cohort A was a retrospectively collated cohort from 2006–2015. Cohort B was a prospectively collated cohort of patients initiated in 2017. A multidisciplinary approach to preoperative medical optimisation, intra operative management and postoperative care was implemented in 2017. Patients in cohort B with upper abdominal disease were offered primary cytoreduction ± HIPEC. Prior to 2017 patients with upper abdominal disease received neoadjuvant chemotherapy.

Results This study include 146 patients in cohort A (2006–2015) and 93 patients in cohort B (2017–2019) with stage III/IV ovarian cancer. The overall complete macroscopic resection rate (CC-0) increased from 58.9% in cohort A to 67.7% in cohort B. The rate of primary CRS increased from 38% (55/146) in cohort A to 42% (39/93) in cohort B. The CC-0 rate in those who had primary CRS increased from 49% in Cohort A to 77% in Cohort B. Major morbidity remained stable throughout both study periods.

Conclusions Our data demonstrates that the implementation of multidisciplinary team intraoperative approach and a meticulous approach to preoperative optimisation has resulted in an significant improvement in complete resection rates particularly in women offered primary CRS.

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RACIAL DISPARITIES ASSOCIATED WITH INCREASING INCIDENCE OF EPITHELIAL OVARIAN CANCER IN THE UNITED STATES

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Introduction The incidence of ovarian cancer has decreased in the United States since the 1980s, predominantly driven by decreasing incidence in Non-Hispanic Whites. The purpose of this study was to identify racial disparities in histologic subtypes of epithelial ovarian cancer.

Methods Data were obtained from the United States Cancer Statistics (USCS) database from 2001 to 2016. Age-adjusted incidence per 100,000 women and annual percent change (APC) in incidence were calculated using SEER*Stat and Joinpoint Software.

Results Of 319,257 women diagnosed with epithelial ovarian cancer, 79.9% were Non-Hispanic White, 7.8% were Non-Hispanic Black, 7.9% were Hispanic, 3.5% were Asian/Pacific Islanders, and 0.9% were Other/Unknown. Over a sixteen-year period, the overall incidence of epithelial ovarian cancer decreased 1.96% per year (95% CI -2.13, -1.78, $p < 0.001$). However, in Non-Hispanic Blacks (APC 0.84%, 2.72%) and Asian/Pacific Islanders (APC 0.94%, 2.09%), the incidence of serous and clear cell carcinoma respectively have both increased significantly in the same period. Hispanics had a significant decrease only in incidence of endometrioid (-2.1%) and mucinous (-4.23%) histologies (figure 1). This contrasts the decrease in incidence for Non-Hispanic Whites seen across all histologic subtypes.

Conclusions Persistent racial disparities are unmasked when analyzing trends in ovarian cancer incidence by histologic subtype. Non-Hispanic Blacks and Asian/Pacific Islanders continue to have an increasing incidence of serous and clear cell ovarian carcinomas.

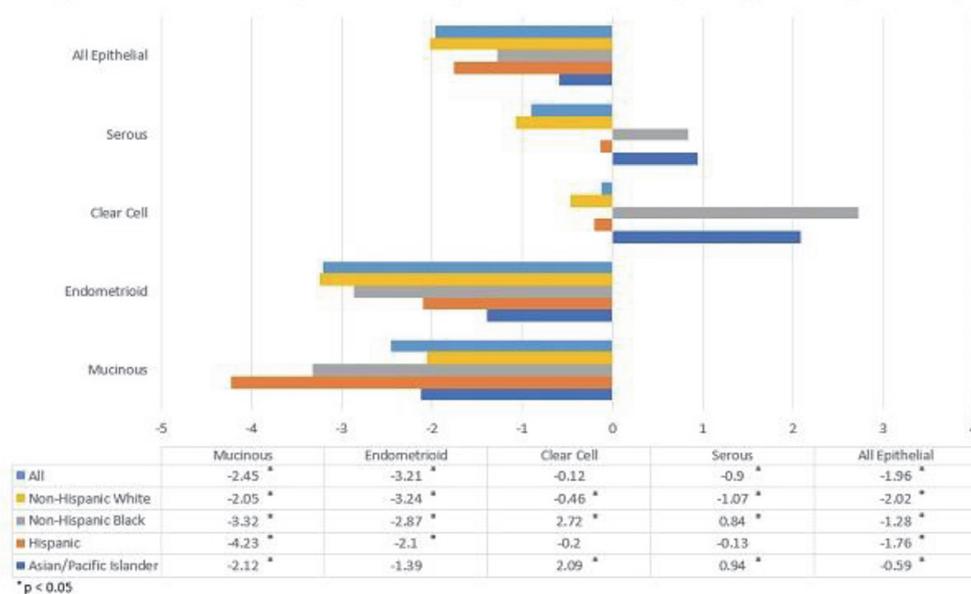
IGCS20_1022

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RECURRENT PAGET'S DISEASE OF THE VULVA IN A SPLIT-THICKNESS GRAFT

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Abstract 59 Figure 1 Annual percent change in incidence of epithelial ovarian cancer by histology and race (2001 – 2016)

Introduction Intraepithelial Extramammary Paget's disease (EMPD) of the vulva is a rare neoplasm with high rates of recurrence. EMPD in a split-thickness skin graft, is associated with retrodissemination or spread of the disease within the skin via lymphatics and vessels creating tissue bridges between sites of involvement.

We present a case of an 81-year-old Asian female, with complaints of vulvar pruritus and lesion at the left inguinal. Enlargement of the lesion prompted a vulvar punch biopsy which showed Paget's disease. Wide local excision with split-thickness skin grafting was performed. One-year post-operation, vulvar lesions on the split-thickness graft were noted. Biopsy showed Extramammary Paget's Disease recurrence. Patient underwent repeat wide local excision with frozen section, and split-thickness skin grafting. After 6 months post re-excision, patient noted vulvar lesions and repeat biopsy showed Extramammary Paget's Disease recurrence. Due to the proximity of the lesion to the sphincter and need for a colostomy, the patient did not consent for re-excision. Imiquimod 5% was chosen as the mode of treatment.

Conclusion Retrodissemination is hypothesized as the etiology of Paget's spread in a split-thickness skin graft. Surgical



Abstract 60 Figure 1



Abstract 60 Figure 2

challenges include removing the disease that may not be visible and minimizing morbidity from radical surgery. Imiquimod 5% can be used in recurrences. Despite the advances in the knowledge of EMPD of the vulva, the high rate of recurrent disease remains a challenge for optimal management and would require frequent and long-term follow-up.

IGCS20_1023

61 COMPLIANCE RATE IN CERVICAL CANCER SCREENING AMONG WOMEN LIVING WITH CERVICAL CANCER PATIENT IN JOSE R. REYES MEMORIAL MEDICAL CENTER SECTION OF GYNECOLOGIC ONCOLOGY

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Background Cervical cancer is still a leading cause of morbidity and mortality in the Philippines. Despite that it starts from a premalignant to invasive disease and can be prevented by HPV vaccine and monitored by cervical cytology study. This study aims to determine the compliance in cervical cancer screening in women companion of cervical cancer patients.

Methods A descriptive patient survey was undertaken in 42 patients in Gynecologic Oncology Out Patient Department of a tertiary hospital. Women companions were interviewed using the pre-made questionnaire.

Results 42 patients completed the survey. 62% had no cervical cancer screening test and Only 38% had cervical cancer screening test in the form of pap's smear. 44% of which has irregular screening. Lack of time followed by lack of adequate knowledge about cervical cancer screening are the top 2 reasons of non-compliance. However, 83% expressed desire to undergo cervical screening after having a family member or a friend diagnosed with cervical cancer.

Conclusions Being a relative or friend of a cervical cancer patient is not enough to increase the compliance in undergoing cervical cancer screening. It is important to include them in the counseling process and encourage them to undergo screening. This study also recommends a one-stop visit of screening and treatment for the companions of the cervical cancer patient, thus in return reduce the morbidity and mortality of cervical cancer.

IGCS20_1024

62 PRIMARY BREAST LYMPHOMA: A REPORT OF 13 CASES AND REVUE OF LITERATURE

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Introduction To retrospectively evaluate the epidemiological, clinical, imaging findings, and therapeutic features of breast lymphomas in patients who had primary lymphoma of the breast.

Materials and Methods This is a retrospective study including 13 patients with primary non-Hodgkin's lymphoma of the breast treated at the institute Salah Azaiez from 2000 to