IGCS20_1043

79 ACTIVITY OF CHEMOTHERAPY IN RECURRENT UTERINE SEROUS CARCINOMA

R Beavers*, B Fellman, M Eyada, A Klopp, N Fleming, K Lu, P Soliman, S Westin. *University of Texas MD Anderson Cancer Center, USA*

10.1136/ijgc-2020-IGCS.75

Background Uterine serous carcinoma (USC) carries a poor prognosis and the majority of patients develop recurrence. The study objective was to compare efficacy of chemotherapy regimens in recurrent USC.

Methods A retrospective review of patients with USC treated at our institution from 1993 to 2012 was performed. Recurrence-free survival (RFS) was estimated using methods of Kaplan and Meier and modeled via Cox proportional hazards regression. RFS1 was calculated from date of first recurrence to second recurrence. Platinum-sensitivity was defined as recurrence >6 months after platinum-based therapy. Those never exposed to chemotherapy during adjuvant therapy were included in the platinum-sensitive cohort.

Results Of 313 patients, 147 (47%) had recurrence. Median age was 64 years; 65% were stage III/IV. Median follow up was 39.3 months. Median RFS1 was 5.5 months (95% CI 0.7 – 31.4). 115 patients (78%) received chemotherapy alone. Objective response was highest in the platinum-sensitive compared with the platinum-resistant cohort ((21/84; 25%) vs. (4/35; 11%)). In platinum-sensitive disease treated with chemotherapy, platinum-based had higher response compared to non-platinum-based regimens (18/44(41%) vs 3/41(7%) p=0.029). Response in platinum-resistant tumors to platinum-based regimens was 37%(3/8). 86% of patients with platinum-resistance had progressive disease regardless of chemotherapy. 86 patients (27%) had a second recurrence, 47(55%) were platinum-sensitive and 36(77%) were treated with chemotherapy. Response to chemotherapy was 5% in those with a second recurrence.

Conclusion In patients with recurrent USC deemed platinum-sensitive at first recurrence, platinum-based regimens may be associated with improved response. Platinum-resistant tumors do not appear to have an optimal second-line chemotherapy regimen.

IGCS20_1045

81 A STUDY ON THE KNOWLEDGE AND AWARENESS OF CERVICAL CANCER AMONG COLLEGE STUDENTS AND ASSESSING THE IMPACT OF TRAINING SESSIONS ON CERVICAL CANCER AWARENESS

A Rajanbabu*, V Patel. *Anupama Rajanbabu, India*

10.1136/ijgc-2020-IGCS.76

Background Cervical cancer is a major public health problem in India. In India there is a need for an intensive and sustained effort from health workers to improve awareness in order to increase prevention and screening. This study is an attempt to assess the knowledge of college students from various institutions about cervical cancer and to evaluate the

impact of a cervical cancer awareness program on their knowledge.

Material and Methods Multiple training sessions on cervical cancer awareness was conducted in January and February 2020 at various colleges around Kochi, Kerala, India. A pre and post awareness session questionnaires were administered which included fifteen questions covering various aspects of cervical cancer screening and prevention.

Results The study was conducted in five different colleges across the district. Total of 485 students attended the awareness sessions and 449 were willing to participate in the study. Out of these students 160 were Para medical students and 289 non medical students. Knowledge about cervical cancer, methods of screening and prevention, benefits of vaccination were all low before which significantly improved post awareness session. The paramedical students performed significantly well than non medical students in the pre test but the post test scores showed the knowledge levels were similar in both the groups with the non medical students even outperforming paramedical students in certain areas.

Conclusions The awareness sessions improved the knowledge about cervical cancer and methods for prevention in both medical and non medical students. After the awareness session, majority of the students felt more knowledgeable and safe.

IGCS20_1046

82 UNUSUAL EXTRAUTERINE LOCALISATION OF LOW GRADE ENDOMETRIAL STROMAL SARCOMA : REPORT OF TWO CASES

¹M Slimene*, ¹I Bouraoui, ¹M Bouhani, ¹S Sakhr, ²N Boujelbene, ¹R Chargui, ¹K Rahal. ¹Department of Surgical Oncology, Salah Azaiez Institute, Tunisia; ²Department of anatomopathology, Salah Azaiez Institute, Tunisia

10.1136/ijgc-2020-IGCS.77

Introduction Endometrial stromal sarcoma (ESS) is an uncommon malignant mesenchymal tumor. Uterine localization is frequently seen but low grade ESS arising in extrauterine sites is so rare. Clinical presentation of this entity is no specific. So that, the diagnosis is based on histological analysis.

Methods We report two cases of low grade extrauterine endometrial stromal sarcoma treated at Salah Azaiez Institute.

Results The first case was a premenopausal female presented with abdominal pain. MRI examination showed an abdominopelvic mass. She had right salpingo-oophorectomy. Microscopic analysis showed a low grade endometrial stromal sarcoma probably arising from endometriosis. Six months after, CT scan revealed pelvic recurrence depending on the ovary. She had hysterectomy with left salpingo-oophorectomy, omentectomy and appendectomy. Histological report concluded on low grade ESS of ovary arising from endometriosis. The second case was a postmenopausal woman with the history of hysterectomy with bilateral salpingo-oophorectomy for benign fibroma presented with pelvic pain. CT scan showed two abdominal masses. Peroperatively, there were three masses depending on the mesorectum, the mesentery and the epiploon. Dissection was difficult. Epiploic biopsy was taken. After histological and immunohistochemical study, the diagnosis of low grade extrauterine endometrial stromal sarcoma was retained. Hormonal therapy with regular follow up were indicated.

Conclusion Extrauterine localisation is reported only is isolated cases in the littérature. In the absence of uterine primary tumor, the differential diagnosis considerations depend upon the site of involvement. Surgical resection or debulking are the mainstay of treatment.

IGCS20_1047

83 METASTATIC MELANOMA IN THE BREAST : A REPORT OF 7 CASES

S Sakhri*, M Bouheni, R Chargui, K Rahal. *Slah Azaiez institut, surgicaldepartment, Tunis, Tunisia, Tunisia*

10.1136/ijgc-2020-IGCS.78

Introduction Malignant melanoma is the most rapidly increasing cancer in the world. Metastatic disease occurs in 20% of patients. Metastases to the breast are rare. Melanoma is, however, among the most commonly reported primary tumors to metastasize to the breast.

Methods A retrospective case review of our melanoma registry to find all patients with melanoma metastatic to the breast in salah azaiez institute tunisia.

Results Seven patients were found to have breast metastases from melnoma. Five were premenopausal females with a mean age of 51 years. Three patients had a primary lesions were in the heel, two in the axillary area, one in the vagina and one in the head. One patient had bilateral breast involvement, and all had other sites of metastases. The median survival after diagnosis of breast metastases was 4 months.

Conclusions Metastases to the breast from melanoma are uncommon but should be suspected in patients with a breast mass and a prior history of melanoma even years after a primary has been removed.

IGCS20_1048

84 UMBILICAL METASTASIS OF AN ENDOMETRIAL CARCINOMA: A CASE REPORT

¹I Sá*, ²S Raposo, ²R Sousa, ²L Sá. *¹Centro Hospitalar de Trás-os-Montes e Alto Douro, Portugal; ²Instituto Português de Oncologia Francisco Gentil, Portugal*

10.1136/ijgc-2020-IGCS.79

Background Sister Mary Joseph's nodule (SMJN) can be the first manifestation of an underlying malignancy or an indication of a recurrence in a patient with a previous malignancy. The incidence is about 1–3%. The most common origin of SMJN is ovarian and gastric carcinoma and is often a sign of poor prognosis. Metastases from primary endometrial cancer to the umbilicus are rare. According to the published literature, we only count 32 cases of SMJN with endometrial origin.

Results A 77-year-old obese woman with type II diabetes and hypertension was referred to our institution for an endometrial adenocarcinoma G1 diagnosed in a previous biopsy. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed. Histologic diagnosis

revealed an endometrioid adenocarcinoma G1 with a depth of myometrial invasion <50% and negative peritoneal washing cytology - FIGO stage IA. Seven months later, the patient presented with a cutaneous nodule on the umbilical region measuring 52 mm. A skin biopsy showed metastasis of an endometrial adenocarcinoma. A CT scan did not show any other abdominal mass, ascites, regional lymphadenopathy or pulmonary lesions. A second surgery including full recession of the umbilical lesion and abdominal wall mesh repair was performed. Histological diagnosis revealed metastasis of the same origin with her primary disease with clear margins. The patient remains in clinical control in our institution.

Conclusions We presented a very rare case of umbilical metastasis(SMJN) of an endometrial adenocarcinoma. We decided to perform surgery alone, since there are not specific recommendations about other therapeutic approaches.

IGCS20_1051

85 GYNECOLOGICAL CANCERS SEEN IN THE ONCOLOGY UNITS OF THE JOSEPH RAVOAHANGY ANDRIANAVALONA HOSPITAL, ANTANANARIVO, MADAGASCAR

¹N Andrianandrasana, ²M Razakanaivo*, ²T Razanadahy, ¹V Ramilison, ¹F Rafaramino.

¹Medical Oncology Unit, Joseph Ravoahangy Andrianavalona Hospital, Madagascar;

²Radiation Oncology Unit, Joseph Ravoahangy Andrianavalona, Madagascar

10.1136/ijgc-2020-IGCS.80

Introduction Gynecological cancers are a real scourge in the developing country. Their care remains a challenge. The aim of this study is to describe the epidemiological and clinical characteristics of the various gynecological cancers in order to establish an early diagnosis and optimize their management.

Methods This is a 2-year descriptive and cross-sectional retrospective study from March 2017 to March 2019, including all patients followed for gynecological cancer in the Oncology Units of the Joseph Ravoahangy Andrianavalona Hospital.

Results Among 951 female cancer patients, 31.7% had gynecological cancers. Cervical, Ovarian, Choriocarcinoma, Endometrial and Vulvar Cancer were the top 5 gynecological cancers, reporting 67.44%, 17.67%, 5.58%, 4.19% and 2.33%, respectively. They were more common in the 50 to 59 age group, except for Choriocarcinoma, which mainly affected young people under 30 years of age. In all types, the average time to diagnosis ranged from 8.03 to 13.12 months. The ignorance of screening and vaccination for cervical cancer estimated at 86.9% and 87.5%. Less than 10% have known their immune status and no genetic research has been reported for ovarian neoplasia. Discovered at an advanced stage predominated, linked to patient neglect in half of the cases.

Conclusion Gynecological cancers have proven to be frequent in our center, although it remains not-extrapolable for Madagascar. More detectable and curable cancers are represented. The promotion of awareness and exploration of the infectious and genetic risk factors implicated in these pathologies would be necessary to promote an early diagnosis, improving the prognosis.