

**Conclusions** There is no clear benefit in the use of adjuvant treatment for patients with early stage adenocarcinoma.

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### PRACTICING KNOWLEDGE TRANSLATION: BUILDING AWARENESS AND ASSESSING BARRIERS AND FACILITATORS TO PROVINCIAL IMPLEMENTATION OF THE PROACTIVE MOLECULAR RISK CLASSIFIER FOR ENDOMETRIAL CANCER (PROMISE)

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**Objectives** In preparation for provincial implementation of ProMisE molecular classification, two KT objectives were identified: 1) build awareness of ProMisE with first line knowledge users (KUs); and 2) elucidate barriers and facilitators to KUs use of ProMisE.

**Methods** KUs were defined as pathologists, and clinicians (general practitioners, gynecologists, and oncologists) from rural and urban centres. The KT intervention was an explanatory video reviewing the rationale and relevance of molecular classification via three segments: ProMisE overview, clinician-focused, and pathologist-focused. Dissemination of the video to KUs occurred using a mixed-methods approach in two phases: I: KUs were exposed to the video and survey through institutional listservs; II: KUs were engaged for in-person viewing and focus group.

**Results** The survey received 41 partial and 37 complete responses with representation from all targeted KUs: gynecologists (62.2%), oncologists (rad+gyn-oncs+other 32.4%), pathologists (5.4%) and all provincial health authorities. 95.1% of KUs watched the ProMisE overview, with 80.5% and 68.3% completing the clinician and pathology segments, respectively. Over 90% of respondents reported it having contained enough information to understand the advantages, and 64% felt ProMisE would be useful to guide management. KUs across specialties participated in a focus group (n=19; 7 rural) to identify barriers and facilitators to implementation. Thematic analysis of survey and focus group illuminated implementation concerns related to cost, availability, accessibility, process, training, and interpretation of the test.

**Conclusions** Motivation and engagement for EC molecular classification was recognized by KUs with implementation concerns. Addressing cross-provincial access, process, and timely results will ensure rapid uptake and fidelity.

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### ENDOMETRIAL CANCER: THE ROLE OF PROGNOSTIC FACTORS AND THEIR IMPACT ON RECURRENCE PATTERN

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**Introduction** The rate of recurrence of endometrial cancer is 11–19%. It is related to different prognostic factors which define

specific risk classes in order to decide for an adjuvant treatment. The objective of this study is to evaluate how prognostic factors influence the probability and pattern of recurrence.

**Methods** This monocentric observational retrospective study was conducted on 214 patients treated for endometrial cancer between February 2011–2019. The considered parameters were: age, BMI, surgery, stage, LVSI, myometrial infiltration, histological grade, lymph node involvement, adjuvant therapy, relapse. DFS and OS were stratified by the presence or absence of prognostic factors.

**Results** The rate of recurrence was 18,7%. DFS was 24,5 months and OS was 103,2 months. We observed an increase from 5 to 25% in the distance metastasis rate associated with positive LVSI. The univariate analysis showed a correlation between DFS and advanced stage (O.R. II 9,2; III-IV 7,9 p=0,0001), positive lymph node infiltration (O.R. 4,2; p=0,02), myometrial infiltration (O.R. 4,3 p=0,0001) and LVSI (O.R. 2,4 p=0,008). A similar result was observed considering the OS and the grading (p=0,003). We conducted the multivariate analysis of Cox according to the ESGO/ESMO/ESTRO risk class classification and multicollinearity among variables was observed. The results were statistically significant for both DFS (p=0,002) and OS (p=0,000).

**Conclusions** Almost all the considered prognostic factors influence the presence of recurrence, but the stage is the most impactful factor while LVSI correlates with distance metastasis. The definition of the risk factors must be considered to develop targeted therapeutic pathways.

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### ONCOLOGICAL OUTCOMES FOLLOWING RISK REDUCING BILATERAL SALPINGO-OOPHORECTOMY IN WOMEN DEEMED HIGH RISK FOR OVARIAN CANCER

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**Introduction** This study aims to determine cancer rates following risk reducing bilateral salpingo-oophorectomy (BSO) in a high risk cohort. High risk women are those who carry an oncogenic gene mutation or have a strong family history of cancer. We aimed to establish the rate of both occult cancer and the precursor lesion serous tubal intraepithelial carcinoma (STIC). We also documented any subsequent diagnosis of primary peritoneal carcinoma (PPC).

**Methods** A retrospective study of 274 patients who underwent prophylactic BSO between January 2009 and January 2019 at the Royal Derby Hospital.

**Results** The median age at risk reducing surgery (RRS) was 47 (range 29 to 78). 151 patients (55%) were confirmed to have a high risk gene mutation. STIC was found in only one patient (0.3%) at RRS, however 3 further malignancies were diagnosed (1% of cases) one of which was tubal. Two patients subsequently developed PPC (0.7%), at 42 and 70 months respectively; neither of whom had STIC diagnosed at surgery. 99% of procedures were completed laparoscopically with a complication rate of 3%.

**Conclusion** Women with the BRCA gene or significant family history can carry up to a 50% lifetime risk of ovarian cancer. This study has shown that BSO reduces that risk to under