Abstract 166 Table 1

Characteristics		All patients n=42 (%)
Operation duration [minutes] n= 35		Median 280 (180-458)
Operative approach	Laparoscopy	24 (57.1%)
	Open surgery	18 (42.9%)
Nerve-sparing technique	bilateral	40 (95.23%)
	unilateral	2 (4.76%)
Lymph node resection	Only sentinel	2 (4.76%)
	Pelvic	25 (59.5%)
	Pelvic and paraaortal	15 (35.7%)
Median number of resected pelvic lymph nodes		44.9 (12-89)
Median number of resected paraaortic lymph nodes		16.7 (5-60)
Cases with affected pelvic lymph nodes (range) n= 40		20 (47.6%) (1-45)
Cases with affected paraaortic lymph nodes (range) n= 15		4 (9.5%) (1-16)
Parametrial infiltration		22 (52.4%)
Vaginal infiltration		11 (26.2%)
Hospital stay [days] Median (range)		10.8 (4-19)
Estimated blood loss [ml] Median (range) n= 22		97.7 (50-450) ml
Complications (Grade according to Clavien-Dindo classification	Ureter necrosis (GIII)	2 (4.76%)
	Urinary tract infections (GII)	3 (7.14%)
	Sub-ileus (GII)	1 (2.38%)
	Lymphatic oedema (GII)	3 (7.14%)
	Wound dehiscence (GIII)	1 (2.38%)
	Numbness the upper thigh (GI)	3 (7.14%)
	Nausea and vomiting (GI)	5 (11.9%)
Adjuvant therapy	Radiotherapy	Advised 2 (4.76%) Done 1 (2.38%)
	Radiochemotherapy	Advised 21 (50%) Done 17 (40.47%)
	Chemotherapy	1 (2.38%)
Bladder function	Complete healing according to protocol	38 (90.5%)
	Prolonged healing for 2 weeks	3 (7.14%)
	Persistence of impaired sensation	1 (2.38%)
Recurrences	Paraaortal relapse	1 (2.38%)
	Pelvic sidewall	2 (4.76%)
	Inguinal relapses	1 (2.38%)
	Vaginal vault	0
	All recurrences	4 (9.5%)

comprehensive understanding of the precise entire anatomy of paracolpium is feasible and applicable even in locally advanced tumors, with good functional results and convincing short-term oncologic outcomes.

IGCS20_1153

167 REFLEX METHYLATION TESTING IN ENDOMETRIAL CANCER: A SINGLE CENTRE RETROSPECTIVE STUDY

M Honner*, N Siddique, R McBain, F Chan, O McNally. *The Royal Women's Hospital, Australia*

10.1136/ijgc-2020-IGCS.145

Introduction Looking for evidence of microsatelite instablity (MSI) through immunohistochemistry (IHC) for loss of staining for mismatch repair (MMR) proteins MLH1, PMS2, MSH2 and MSH6 at the time of histopathological examination of endometrial cancers is increasingly becoming standard of care; to guide recurrent disease treatment and identify patients whose cancers may be the result of a genetic mutation eg. Lynch syndrome. Identification of IHC as a surrogate for MSI is employed in many centres. Currently patients need referral to a Familial Cancer Centre (FCC) for counselling prior to further tumour testing including methylation testing, which is more likely to be responsible for loss of staining for MLH1 and PMS2.

Aim Audit the practice of IHC for MMR proteins and identify efficiencies to the FCC referral pathway using reflex methylation testing.

Methods Patients diagnosed with endometrial cancer over a five-year period were included. Data was retrieved from the in-house clinical database, FCC database and patient histories and included: completeness of IHC for MMR, type of MMR loss of expression, proportion of referrals to FCC, number of genetic mutations identified, proportion of MLH1 and PMS2 as result of methylation.

Results Loss of staining for MMR was found in 20% of endometrial cancers. This was for MSH2/MSH6 in 1.7% and 19% for MLH1/PMS2. 95% of cases with loss of MMR proteins MLH1/PMS2 were found to be due to methylation and <5% had a germline mutation. 60% had a germline mutation in MSH2/MSH6.

Conclusion IHC for MMR at the time of endometrial cancer diagnosis is increasingly practiced. This study highlights the importance of reflex methylation testing in cases of MLH1 and PMS2 thus reducing the burden on patients and FCCs where hitherto methylation testing is not ordered before referral.

IGCS20_1154

168 ENDOMETRIAL AND COLON CANCER RISK ASSESSMENT IN WOMEN WITH LYNCH SYNDROME: PROVIDER COMFORT, KNOWLEDGE, AND CURRENT PRACTICE

R Bramblet*, A Weaver, C Langstraat, S Maurer, C Swanson, M Sherman, J Kisiel, M Wick, J Bakkum-Gamez. *Mayo Clinic, USA*

10.1136/ijgc-2020-IGCS.146

Objective Women with Lynch Syndrome (LS) experience a lifetime risk of endometrial (EC) and colon (CC) cancer of up to 57%, and the risk is approximately equal for each LS gene. Our objective was to determine knowledge of EC and CC risks, screening guidelines, and management recommendations among healthcare providers caring for women with LS.

Methods An anonymous survey was sent to providers in primary care, ob/gyn, gynecologic oncology, gastroenterology, and

Abstract 168 Table 1 Counseling by 77 respondents who report they currently care for women with LS

Survey Item	Endometrial Cancer (EC)	Colon Cancer (CC)
Counsel on increased risk of EC or CC	65 (84%)	77 (100%)
Recommend screening/early detection options for EC or CC	44 (57%)	75 (97%)
Offer screening consistent with national guidelines for EC or CC	23 (30%)	43 (56%)
Do not recommend screening for EC or CC	8 (10%)	0 (0%)
Most concerned for EC or CC to occur first	15 (20%)	48 (62%)
Recommend risk reducing hysterectomy	33 (43%)	NA

clinical genomics across a healthcare enterprise. Data reported using descriptive statistics.

Results 215 of 1198(18%) providers responded and 89% either had or anticipated caring for women with LS. Of 167 providers who completed the survey, 51% were primary care and 38% reported feeling at least somewhat uncomfortable with cancer screening for LS. Among the 77 (46%) currently caring for women with LS, 39% counsel that the risk of CC is approximately equivalent to the risk of EC; 34% counsel that the risk of EC is lower than the risk of CC or consistent with the general population. Additional counseling rates shown in table 1.

Conclusions A large portion of providers who care for LS patients feel uncomfortable with making cancer screening recommendations. One-third of providers potentially underestimate a woman's risk of EC, and most do not recognize that EC could be the presenting cancer for women. Improved education of providers regarding cancer screening and risk reduction options for women with LS may improve adherence to management guidelines.

Abstract 169 Table 1

Questions	Characteristics	Pre-Intervention	Post-Intervention	Positive change (%)
How much have you heard or read about Breast cancer?	Low	87%	77%	12.8% p<0.01
	Moderate	11%	20%	
	High	2%	3%	
What you know about Breast cancer screening?	Low	90%	60%	36.2% p<0.001
	Moderate	8%	37%	
	High	2%	3.2%	
What you know about the treatment of breast cancer?	Nil	18%	2%	82% p<0.001
	Low	14%	3%	
	Moderate	39%	32%	
	High	28%	62%	
What are the sources of information?	Internet	45	54	
	Media (electronic)	35	32	
	Breast cancer survivor	96	133	
	Breast cancer expert	155	190	
Do you know about Familial/ hereditary breast cancer?	Yes	14%	74%	60% p<0.0001
Do you know your other family members (mother, sister, daughter) could be affected?	Yes	14%	70%	56% p<0.0001
Have you heard or read about genetic breast cancer or BRCA?	Yes	2%	14%	12% p<0.0001
Do you know in hereditary breast cancer patients (BRCA), the risk of developing breast cancer to siblings or daughters is higher?	Yes	10%	62%	52% p<0.0001
Do you know about the genetic testing and the samples required for genetic testing?	Awareness	6%	65%	59% p<0.001
Are you interested in genetic testing for yourself?	Willingness	32%	38%	6% p<0.0001
Are you interested in genetic testing of your family?	Willingness	26%	38%	12% p<0.0001
Awareness regarding Prophylactic Interventions		10%	55%	45% p<0.0001
Willingness for Self-Prophylactic Intervention		22%	60%	38% p<0.0001
Willingness for Prophylactic Intervention of Siblings /family members		20%	56%	36% p<0.0001
Interest shown for different Prophylactic Interventions	Surveillance	24%	72%	48% p<0.0001
	Chemo-prophylaxis	2%	10%	8% p<0.0001
	Surgical Intervention:	0%	0%	0

IGCS20_1155

169 A PROSPECTIVE INTERVENTIONAL STUDY EVALUATING AWARENESS AND KNOWLEDGE ABOUT GENETIC ASPECTS OF BREAST CANCER AND THE EFFECT OF EDUCATIONAL INTERVENTION: A REAL-LIFE EXPERIENCE

N Kumar*, A Mishra, S Deo. *AIIMS, India*

10.1136/ijgc-2020-IGCS.147

Introduction Recent advances in understanding the genetic basis of breast cancer have opened new treatment pathways for risk reduction. Literacy rates are low in India in contrast to western societies. Hence separate studies to gauge awareness and acceptance of genetic counseling and testing are required. This is likely the first educational interventional study involving the Indian breast cancer population for assessment of knowledge regarding the genetic aspect of breast cancer.

Methods It was a prospective interventional study performed with a total sample size of 200 breast cancer patients, enrolled from July 2018 to December 2019 using a structured questionnaire and educational material regarding genetic factors. Institutional ethics committee approval was taken (No-IECPG-182/10.05.2018).

Study Phases

1. Pre–intervention assessment– Questionnaire–based assessment of awareness and knowledge had done with prior informed consent.
2. Educational Intervention– Brief descriptive educational material about breast cancer and its risk factors, screening, treatment, genetic aspects and prophylactic interventions were provided.
3. Post–Intervention assessment –After 5–7 days of educational intervention, patients were re–assessed with the same questionnaire.

Results Two hundred patients were recruited in the study of whom 150 (75%) were sporadic and 50 (25%) were familial or hereditary. The response of the patients to the questionnaire and the effect of the educational intervention has been depicted in the following table 1.

Conclusion There is a significantly low level of awareness among breast cancer patients. The single short educational intervention had a significant impact on increasing awareness and knowledge particularly in terms of risk factors, screening, management, familial breast cancer, genetic testing, etc.

IGCS20_1156

170 RECURRENCE OF OVARIAN CANCER WITH DISTANT METASTASIS AFTER FIVE YEARS: A SINGLE INSTITUTE EXPERIENCE

K Chew*, K Nirmala, S Mohamad Nasir. *Department of Obstetrics and Gynaecology, Gynaecologic Oncology Unit, UKM Medical Centre, Malaysia*

10.1136/ijgc-2020-IGCS.148

Objective Ovarian cancer is the commonest death of gynaecological cancer worldwide. To date, data from literature regarding recurrence with distant metastasis after 5 years is scarce. This study aim to identify the risk factors and outcome of recurrence ovarian cancer with distant metastasis.

Methods Form 861 medical record of patients with ovarian cancer reviewed, only one patient (0.11%) had recurrent ovarian cancer with distant metastasis to spleen.