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.

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**IGCS20_1155**

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

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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.

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**IGCS20_1156**

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

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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.