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.

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.

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

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.

Results A 51 years old lady with no co-morbid history had primary debuking surgery followed by adjuvant chemotherapy for high grade serous ovarian adenocarcinoma stage 3c. Her BRCA test result was negative. She was under surveillance follow-up with no evidence of recurrence from biochemical profile (CA-125) and imaging study until 7 years later. Her CA-125 level increased 2 fold from the baseline with solitary splenic recurrence of ovarian cancer from the CT scan. Fine needle biopsy of the splenic mass revealed metastatic serous adenocarcinoma. She underwent an uncomplicated splenectomy followed by 6 cycles of adjuvant chemotherapy. The histopathology report showed metastatic serous adenocarcinoma. After 2 years of the treatment, she is still under surveillance with no evidence of recurrence.

Conclusion Recurrence of ovarian cancer with distant metastasis is very rare. Cytoreduction surgery (splenectomy in the case described above) followed by adjuvant chemotherapy showed promising result to patient.

IGCS20_1157

171 HUMAN PAPILLOMAVIRUS GENOTYPE AND LONG-TERM CLINICAL OUTCOMES OF VULVAR MALIGNANCIES

[1]H Tung*, [1]Y Tang, [2]L Yang, [1]H Huang, [3]R Wu, [2]Y Pan, [3]S Jung, [1]C Lin, [4]C Wang, [1]A Chao, [1]M Chen, [1]W Chen, [1]K Huang, [1]TC Chang, [1]CH Lai. [1]*Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital, Linkou Branch and Chang Gung University, Taiwan*; [2]*Clinical Trial Center, Chang Gung Memorial Hospital Linkou Branch, Taiwan*; [3]*Department of Pathology, Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taiwan*; [4]*Department of Radiation Oncology, Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taiwan*

10.1136/ijgc-2020-IGCS.149

Objectives To analyze prevalence of HPV DNA, HPV genotype distribution, prognostic factors and long-term outcomes of vulvar carcinoma.

Methods We retrospectively reviewed medical records of patients with vulvar carcinoma who received primary surgeries between 1985 and 2014 in a single institution. General polymerase chain reaction (PCR) SPF1/GP6+ followed by revert-blot detection was performed for human papillomavirus (HPV) genotyping. E6 type-specific PCR of the top-5 prevalent types was performed to reconfirm HPV-negative status. P16INK4a immunohistochemistry staining was performed. Univariate and multivariate analyses were performed to identify predictors of clinical outcomes of squamous cell carcinomas (SCCs).

Results A total of 150 vulvar carcinoma patients eligible for analysis were retrieved. Medial follow up time was 71.4 months (0.2–341.8 months). One hundred and twenty-nine patients (86.0%) were diagnosed as SCC. In SCC specimens, HPV DNA sequences were detected in 56.6%, and 14.3% of non-SCC vulvar cancer (n = 21) were HPV positive. The leading 4 types were HPV16 (54.0%), HPV58 (15.8%), HPV52 (6.6%), and HPV18 (5.3%). HPV-positivity was associated with better 5-year cancer-specific survival (CSS) (P = 0.037). In multivariable analysis, older age (continuous, hazard ratio [HR] 1.06, 95% confidence interval [CI] 1.03–1.08, P <0.001), advanced International Federation of Gynecology and Obstetrics (FIGO) stage (III-IV vs I-II, HR 3.86 95%CI 2.01–7.42, P <0.001) were independent adverse predictors of CSS, while p16-positivity (0.36, 95%CI 0.19–0.69, P =0.002) was related to better prognosis.

Conclusion Advanced FIGO stage and older age were significant adverse predictors, while p16-positivity was a significant factor of better prognosis.

IGCS20_1158

172 LATE EFFECTS ON RECTUM AND URINARY BLADDER IN CERVICAL CANCER BRACHYTHERAPY: DOSE EFFECT RELATIONSHIP AND ICRU RECTUM AND BLADDER POINT DOSE CORRELATION

S Mathews*, H Balachandran, A Kumar, J Joseph, R Kumar, J Krishna KM, FV James. *Regional Cancer Centre, India*

10.1136/ijgc-2020-IGCS.150

Traditional Manchester Point based brachytherapy continues to be popularly practiced even when CT imaging has replaced traditional X-rays for treatment planning. ICRU bladder and rectal Point doses are documented and monitored as predictive of Organs at Risk (OAR) doses.

Aim To study the late effects of treatment and its correlation with dose volume parameters. Dosimetric correlation between volume doses and corresponding ICRU Rectum and Bladder point doses were studied.

Materials and Methods 101 Cervical cancer patients treated during 2014 – 2016 with radio-chemo therapy and CT based Brachytherapy treatment planning were eligible. Bladder, rectum and sigmoid were retrospectively contoured on CT data sets and Dose volume histogram for doses to the most exposed portion of (D2cc) OARs were recorded and compared with corresponding ICRU Point doses. Patients were followed up till August 2019 and toxicity data collected prospectively using CTCAE V4.03. Correlation of toxicity with doses received was attempted.

Results The overall incidence of bladder toxicity was 19.8% and rectal toxicity 30.7%. Grade 2 &3 toxicities were < 5% for bladder and 13% for rectum. 1 patient developed Grade 4 rectal toxicity.

The threshold dose for bladder toxicity was D2cc- 89 Gy and 67 Gy for rectum. Grade 4 toxicity occurred with D 2cc - 83 Gy.

There was no correlation between bladder D2cc and ICRU bladder point doses. Moderate correlation was seen between rectal D2cc and dose to point R (0.62)

Conclusion Monitoring D2cc of OARs should be attempted on CT in an attempt to reduce morbidity even with traditional planning.

IGCS20_1160

174 OBESITY AND VISCERAL FAT: SURVIVAL IMPACT IN ENDOMETRIAL CANCER

[1]H Donkers*, [2]K Fasmer, [1]J McGrane, [3]H Pijnenborg, [4]R Bekkers, [2]I Haldorsen, [1]K Galaal. [1]*Royal Cornwall Hospital, UK*; [2]*Haukeland University Hospital, Norway*; [3]*Radboud University Medical Center, Netherlands*; [4]*Maastricht University, Netherlands*

10.1136/ijgc-2020-IGCS.151

Background Obesity is an important risk factor for the development of endometrial cancer and is associated with poor