Adenosarcomas are rare tumors that typically occur in the uterus. It accounts for approximately 1 – 3% of all female genital tract malignancies. Rarer still are cervical adenosarcomas, accounting for only 2% of all genital tract adenosarcoma with only few reported cases in literature, and the second reported case in the Philippines. Unlike other cervical malignancies that are HPV related, adenosarcoma of the cervix may arise from a pre-existing endometriosis or a history of recurrent cervical polyp. This is a case of a 37 year old G3P3 (3003), who had been having dysmenorrhea and later had abnormal vaginal bleeding. On her initial consult, she was diagnosed with cervical polyp and later, biopsy showed leiomyosarcoma. She underwent radical hysterectomy with bilateral salpingo-oophorectomy and bilateral lymphadenectomy. Final histopathology showed a poorly differentiated adenosarcoma of the cervix with stromal invasion. She was given adjuvant treatment in the form of chemotherapy and brachytherapy post surgery. At present the patient had no evidence of disease. Due to its rarity, there is no existing recommendation or consensus regarding the surgery of choice and on the adjuvant treatment for cervical adenosarcoma. Here we review the possible etiology, and the different management and treatment options to optimally manage such a rare case.

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233 GYNECOLOGICAL MALIGNANCIES IN EMERGENCY DEPARTMENT

Y Onishi*, T Miyakawa, M Minematsu, S Natsuaki, M Ogawa. *Fukuoka Tokushukai Hospital, Japan*

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An oncologic emergency may be defined as any acute potentially morbid or life-threatening event directly or indirectly related to a patient's tumor or its treatment. Occasionally, these emergent conditions may be the presenting symptom of a previously undiagnosed neoplasm.

Our hospital have the emergency departments(ED) covering about one million population in the medical area, and accept about 20,000 patients a year. In ED, some female patient show the critical symptom caused by gynecological malignancies undiagnosed.

Methods We review the clinical data of emergent gynecologic malignancies in 2016,17,18 and 2019.

Results We had 21 patients with gynecological malignancies. In those patients, 12 patients were ovarian cancer with acute abdominal pain caused by tumor torsion or rupture.

Four patients were endometrial cancer. One of those had brain metastasis and operated by brain surgeon.

Five cervical cancer patients complained various symptoms as general fatigue, renal failure, chronic severe anemia, acute abdomen, shock with genital bleeding. Two patients had emergent ureter catheterization because of the severe renal failure. One patient with acute abdomen had omentum metastasis from cervical squamous cancer(Reported in 2019IGCS).

Conclusions Emergent female cancer patients need gynecological oncological care in ED. For ovarian and endometrial cancer, screening and prevention is not established. But cervical cancer is one of the preventable disease by screening and vaccination. Unfortunately, we still have the critical advanced

cervical cancer patients. In Japan, we have no nation-wide vaccination program and PAP screening rate is only 40%. We re-emphasize the urgent establishment of nation-wide program of vaccination and screening for cervical cancer.

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234 ADDRESSING VARIATION IN PREOPERATIVE WORKUP OF HIGH-GRADE ENDOMETRIAL CARCINOMA

A Jamieson*, J Kwon, J McAlpine. *BC Cancer Agency, Canada*

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Introduction Patients with high-grade endometrial carcinoma (HGEC) are more likely to present with metastatic disease and require multimodal treatment. Appropriate workup of patients preoperatively can direct optimal order of treatment. International guidelines to guide care are non-proscriptive and inconsistent. We were interested in addressing practice variation and consequences.

Methods Retrospective cohort study of HGEC patients referred to a single tertiary cancer centre from 2017–2018. We evaluated CA125, imaging, treatment, pathological and outcomes data.

Results 129 HGEC cases were reviewed; 57% serous, 26% Gt3 endometrioid, 17% 'other' (clear cell, carcinosarcoma, undifferentiated). Preoperative CA125 was obtained for 76% of patients, and this was elevated in 32%. Of patients with an elevated CA125, 90% had stage III/IV disease. Of patients with no CA125, 52% were upstaged to stage III/IV disease after surgery or imaging. Only 50% of women with HGEC had imaging; 44% with preoperative CT and 6% with PET or MRI. Imaging detected extra-uterine disease in 46% of HGEC, and treatment plan changed based on imaging in 38%; 9 patients received neoadjuvant chemotherapy with delayed surgery, 14 received chemotherapy only, and 2 patients chemo-radiation only. Of patients without imaging, 40% were upstaged to stage III/IV disease and 12.5% of patients had primary surgery with suboptimal debulking.

Conclusion We found inconsistent practice of ordering preoperative CA125 and imaging in patients with HGEC. Elevated CA125 was associated with advanced stage disease, and imaging altered treatment in over 1/3 of patients. Routine imaging and CA125 should be performed for all HGECs to help guide appropriate treatment.

IGCS20_1239

235 MODE OF PRESENTATION AND FACTORS ASSOCIATED WITH LATE CLINICAL PRESENTATION OF CERVICAL CANCER IN KOMFO ANOKYE TEACHING HOSPITAL (KATH)

A Appiah-kubi*. *Department of Obstetrics and Gynaecology, Gynaecologic Oncology Unit, Komfo Anokye Teaching Hospital, Ghana*

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Introduction Cervical cancer is the commonest gynecologic cancer in Ghana, especially in the Ashanti region where this study was conducted and where there is little understanding