

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 salpingoophorectomy 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

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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

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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.

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

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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

of the characteristics of women with the disease. The study objective was to determine the mode of presentation and factors associated with late clinical presentation of cervix cancer.

Methods A descriptive cross-sectional survey recruited 351 patients presenting to the KATH Gynecologic Oncology unit with histologically confirmed cervical cancer from August 2018 to August 2019. Data was collected on socio-demographic factors, disease-related knowledge and clinical presentation via a pre-piloted, structured questionnaire administered by trained research assistants through face to face interviews with patients. Bivariate and multivariate statistical analyses were performed.

Results Of the 351 participants, 95.2% presented late to KATH for treatment, 86% presented first to a local health facility, 60.5% had heard of cervical cancer, 46% did not know symptoms, 3% were aware of pap screening and 1.8% had ever been screened. Age, place of abode and average monthly income were significantly associated with late clinical presentation ($\chi^2 = 10.88$, $p < 0.014$), ($\chi^2 = 7.95$, $p < 0.004$) and ($\chi^2 = 8.31$, $p < 0.013$) respectively). Participants living in rural areas were 5 times more likely to present to KATH with late stage disease compared to those living in urban areas.

Conclusions Women present to KATH for treatment with late stage cervical cancer. Lack of awareness regarding screening, vaccination and treatment options, poverty and inadequacies of the local health providers are all potentially rectifiable issues that could improve cervical cancer related outcomes.

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236 TUMOR SIZE AS INDEPENDENT PROGNOSTIC FACTOR IN STAGE IA ENDOMETRIOID ENDOMETRIAL ADENOCARCINOMA

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Introduction To evaluate the effect of tumor size on the rate of recurrence among patients with stage IA endometrioid endometrial cancer.

Methodology This is a 10-year retrospective cohort study. Patients diagnosed with endometrioid endometrial adenocarcinoma stage IA managed surgically (peritoneal fluid cytology, extrafascial hysterectomy with bilateral salpingoophorectomy with bilateral pelvic lymph node dissection and para-aortic lymph node sampling) were included. Data extracted from the outpatient department weekly census of the Philippine General Hospital between January 1, 2008 to August 31, 2018 were obtained. Tumor size, clinico-pathologic factors, incidence of tumor recurrence were determined. Data analysis was carried out using Stata 14. Descriptive statistics such as mean, median, standard deviation were used for numerical data variables, while frequency and percentage were used for categorical variables. Kaplan-Meier method was used to determine survival curves between the 2 tumor size groups. A P-value of < 0.05 was significant.

Results Included in the study were 286 patients whose ages ranged from 22 to 76 years. Eleven patients (3.8%) had tumor recurrence. Tumor size was not significantly associated with increased risk of tumor recurrence.

Conclusion Data suggests that tumor size in itself did not increase tumor recurrence.

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237 FALLOPIAN TUBE CHORIOCARCINOMA: A CASE REPORT

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Extrauterine choriocarcinoma in the fallopian tube is a rare but most aggressive genital malignancy. Accordingly, the diagnosis is difficult and often misdiagnosed. This case report presents a patient - the 33-year-old infertile female who received clomiphene for ovarian induction presented with complaints of intense pain in the lower abdomen. Her transvaginal sonography was suggestive of the right tubal ectopic pregnancy, and β -human chorionic gonadotropin (β -hCG) levels were remarkably high. The patient was diagnosed as ruptured tubal ectopic pregnancy, and laparoscopic right salpingectomy was performed. Histological analysis was suggestive of tubal choriocarcinoma. Immunohistochemistry tests were positive for AE1/AE3, inhibin, hCG, EMA, Ki67, and negative for p63, accordingly supporting the diagnosis of choriocarcinoma. The patient was treated with chemotherapy and is being followed up by β -hCG monitoring. Our aim in presenting this case is to emphasize the importance of histopathological examination of the tubal specimens in every patient who presents with an ectopic pregnancy to rule out the possibility of tubal choriocarcinoma. Especially, histopathology diagnosis and appropriate β -hCG monitoring are crucial, since this is extremely rare and highly malignant pathology, is otherwise curable in most instances.

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238 GYNECOLOGIC ONCOLOGY AT THE TIME OF SARS-COV-2 (COVID-19) OUTBREAK

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The WHO classified the novel coronavirus (ie, SARS-CoV-2 or Covid-19) as a global public health emergency. Covid-19 threatens to curtail patient access to evidence-based treatment. Medicine is changing, basically due to the limited available resources. In the field of gynecologic oncology we have to re-design our treatments' paradigm. During COVID-19 outbreak, the highest priority is to achieve the maximum benefit from less demanding procedures. Extensive procedures should be avoided, in order to reduce hospitalization and postoperative events that might increase the in-hospital spread of the virus. Here, we present outcomes of 13 patients affected by Covid-19 and by gynecological cancer having treatment during the first months of the pandemic outbreak. In 80% patients treatments were delayed, surgical plans changed in 70% of patients. 60% of patients required prolonged hospitalization in Covid-19 dedicated hubs. A patient developed a Covid-19