

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.

## IGCS20\_1240

### 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.

## IGCS20\_1241

### 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  $\beta$ -human chorionic gonadotropin ( $\beta$ -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  $\beta$ -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  $\beta$ -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