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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 salpingooophorectomy 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 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.

IGCS20_1242

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 redesign 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 gynecologcial cancer having treatment during the first months of the pandemic outbreak. In 80% patients treatments were dalayed, surgical plans changed in 70% of patients. 60% of patients required prolunged hospitalization in Covid-19 dedicated hubs. A patient developed a Covid-19

related acute pneumonia after surgery. The patient died due to Covid-19 in the 7th postoperative day. Covid-19 represent a real emergency. Treatments of cancer patients would performed only wheater it is not safely delayable. To date there are insufficient data to recommend for/against an open versus laparoscopy approach; however, the surgical team should choose an approach that minimizes OR time and maximizes safety for both patients and healthcare staff.

IGCS20_1243

239 USE OF SENTINEL LYMPH NODE MAPPING FOR GYNAECOLOGICAL CANCER: ONE CENTRE EXPERIENCE

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Introduction Preoperative lymphoscintigraphy as a sentinel lymph node mapping has been in use in Estonia since 2004. In 2007 this method was applied for cervical, and vulvar cancer in our hospital. The purpose of this study was to summarise our institution's experience from 2013 to 2018.

Methods Data was collected retrospectively on endometrial, cervical, and vulvar cancer patients who had sentinel lymph node mapping from 2013 until 2018. Electronic health records were analysed following the ethics committee's approval. The aim was to see how many preoperatively mapped lymph nodes were identified during the operation and how many positive nodes were found.

Results During the period 24 vulvar, 94 cervical, and 298 patients with endometrial cancer were operated on, of which 40 patients had lymphoscintigraphy for sentinel lymph node mapping. The median age was 52 years for cervical, 62 years for endometrial and 76 years for vulvar cancer patients with predominantly FIGO stage I. Preoperatively mapped inguinal lymph nodes were identified intraoperatively. Three patients had preoperatively mapped iliac nodes on the left and two on the right, which were not identified intraoperatively. Two patients had positive sentinel nodes on frozen section and two other patients had negative frozen section, but cancer cells were found during the final histology.

Conclusion This is the first analysis of this method in our clinic, where approximately 69 women per year are operated on for vulvar, cervical, or endometrial cancer. Preoperative lymphoscintigraphy for sentinel node mapping has good correlation with intraoperative identification of lymph nodes.

IGCS20_1244

240 NERVE SPARING RADICAL HYSTERECTOMY; MUALLEM TECHNIQUE WITH A PRECISE EXPLANATION OF PARAMETRIUM AND PARACOLPIUM

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Even when the radical hysterectomy, as standard therapy for locally invasive cervical cancer, has a long history began since more than a century by published monograph from Ernst Wertheim, many discrepancies still exist in the literature regarding terminology, anatomy and the technique of surgical dissection. The current anatomical description of radical hysterectomy is more concerned with the uterus and did not recognise the importance of vaginal cuff resection (1/3 to ½ of the vagina) and its paracolpium as an essential part of radical hysterectomy.

The dorsal parametrium is only the sacrouterine ligament, and the dorsal paracolpium is the sacrovaginal ligament.

Lateral paracolpium is the vaginal blood supply originated from (artery) and discharged into (vein) the internal iliac artery and vein beneath the ureter. In this way, we identify the ureter as a landmark splitting the now called lateral parametrium (cardinal ligament) to lateral parametrium above the ureter, which contains the uterine artery and vein, and to lateral paracolpium beneath the ureter and contains vaginal artery and vein. These both vessels were wrongly called from the Japanese colleagues as deep uterine vein. The ventral paracolpium is in this way nothing else than the deep layer of vesicouterine ligament and the superficial layer of the vesicouterine ligament is only the ventral parametrium. In the ventral paracolpium, we could identify 2 veins discharging in the vaginal vein and making vein anastomoses with branches from an inferior vesical vein. These are the lateral and the medial vaginovesical vein.

IGCS20_1245

241 PALBOCICLIB IN THE DAILY CLINICAL USE: REAL EXPERIENCE IN METASTATIC BREAST CANCER IN OUR INSTITUTION

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Introduction In Argentina 18.000 new cases of breast cancer (BC) are diagnosed each year and it is the commonest cause of cancer death in women reaching 5600 deaths per year.

In postmenopausal women with advanced or metastatic estrogen receptor-(ER) positive, Her2-negative BC, the combination of Palbociclib (P) + Letrozol (L) or Fulvestrant (F) is a good option of treatment.

The objective was to assess clinical benefit, evolution and safety with P + L or F in the context of daily clinical practice.

Methodology We performed an observational study.

Patients (pts) who started CDK4/6 inhibitors P treatment between April 2016 and June 2020 were included.

Results 54 pts with median age 61 years (r:31–85) were analyzed. 11 premenopausal women.

29 pts (53,7%) performed P + L and 25 (46,3%) P + F.

5 pts presented with the novo metastatic disease. The main localization of metastases was bone in 24 pts, lymphatic in 14, liver in 10 and lung in 6.

Clinical benefit:

8 pts (14,8%) stable disease, 18 pts (33,4%) partial response and 3 pts (5,5%) complete response.

Dose reduction to 100 mg P occurred in 7 pts.

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