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EUROPEAN MULTI-DISCIPLINARY TUMOUR BOARDS SUPPORT CROSS-BORDER NETWORKING AND INCREASE TREATMENT OPTIONS FOR PATIENTS WITH RARE TUMOURS

¹U Joneborg*, ²A Bergamini, ¹E Wallin, ²G Mangili, ³O Solheim, ³E Røkkones, ⁴A Casado, ⁴G Marquina, ⁵C Lok, ⁵N Van Trommel, ⁶PA Bolze, ⁷J Coulter, ⁸P Pautier, ⁹F Goffin, ¹⁰S Han, ⁹F Kridelka, ¹¹J Sehouli, ⁵F Amant, ¹²I Ray-Coquard, ¹³M Seckl. ¹Karolinska University Hospital, Department of Pelvic Cancer, Stockholm, Sweden; ²IRCCS San Raffaele Hospital, Department of Obstetrics and Gynecology, Milan, Italy; ³Norwegian Radium Hospital, Department of Gynecologic Oncology, Oslo, Norway; ⁴Hospital Universitario San Carlos, Department of Medical Oncology, Madrid, Spain; ⁵Antoni van Leeuwenhoek/Netherlands Cancer Institute, Center for Gynecologic Oncology Amsterdam, Amsterdam, Netherlands; ⁶Hôpital Lyon Sud, Hospices Civils de Lyon, Service de Chirurgie Gynécologique et Oncologique, Obstétrique, Lyon, France; ⁷Cork University Hospital, National GTD Centre, Cork, Ireland; ⁸Institut Gustave-Roussy, Villejuif, France; ⁹University Hospital Liège, Department of Obstetrics and Gynecology, Liège, Belgium; ¹⁰University Hospital Leuven, Department of Obstetrics and Gynecology, Leuven, Belgium; ¹¹Charité Medical University of Berlin, Department of Gynecology with Center for Oncological Surgery, Berlin, Germany; ¹²Centre Leon Berard Lyon and GINECO, Lyon, France; ¹³Charing Cross Hospital Campus of Imperial College London, Gestational Trophoblastic Disease and Malignant Ovarian Germ Cell Tumour Centres, London, UK

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Introduction/Background* EURACAN is the European reference network for rare adult solid tumours coordinated by the French Comprehensive Cancer Centre Léon Bérard in Lyon, France. It consists of 10 domains, of which rare gynaecological tumours make up domain 2 (G2). Within the G2 domain, virtual multidisciplinary tumour boards (MDTs) were created to get support in clinical management of rare tumours. The aim of this report is to evaluate the outcomes in terms of participation, adherence to recommendations and access to novel patient treatment strategies.

Methodology EURACAN G2 cross-border MDTs were initiated in November 2017 and organized by Karolinska University Hospital, Stockholm, Sweden. The MDTs were held monthly at pre-set dates and G2 health care providers (HCP) were invited to present patient cases. A standardized form was used for patient data collection and summaries of cases to be

Abstract 602 Table 1 Background data

EURACAN MDT 2017-2020	
n=91 patients	
Age median (IQR)	37 (27-52)
Diagnosis n (%)	19 (21)
• GTD	19 (21)
• MOGCT	13 (14)
• SCST	25 (27)
• Rare ovarian	9 (10)
• Rare uterine	2 (2)
• Rare cervical	4 (4)
• Other	
Previous lines of treatment median (IQR)	1 (0-2)
Indication for discussion* n(%)	59 (54)
• Primary treatment	7 (6)
• Disease progression	42 (39)
• Relapse	1 (1)
• Other	

*n=109 individual case discussions

Abbreviations: GTD=gestational trophoblastic disease; MOGCT=malignant ovarian germ cell tumour; SCST=sex cord stromal tumour

Abstract 602 Table 2 Follow-up data

EURACAN MDT 2017-2020	
n=64 patients	
Adherence to treatment recommendations* n(%)	
• Yes	79 (99)
• No	1 (1)
Treatment not otherwise available n(%)	
• Off-label treatment	11 (17)
• Clinical trial abroad	1 (2)
One-year follow-up n(%)	
• Alive without disease	28 (44)
• Alive with disease	16 (25)
• Dead of disease	5 (8)
• One year not reached	15 (23)

*n=80 individual case discussions

discussed was distributed to all HCPs before each MDT. A video- and telephone conference system was used for the first two years, and thereafter Webex meetings. After each MDT, a meeting summary with treatment recommendations was sent to all HCPs and the project manager at the coordinating centre. MDT format and outcomes were discussed at G2 domain meetings. Data regarding clinical characteristics of discussed cases and treatment recommendations were registered in a prospective database. Follow up data were retrieved until May 15, 2021.

Result(s)* Between November 2017 and December 2020, 31 MDTs were held with participants from 10 countries and 20 HCPs. 91 individual patients were discussed between one and six times for a total of 109 case discussions. Background data is presented in table 1. Follow-up data was retrieved from 64 patients and 80 case discussions (table 2). Adherence to treatment recommendations was 99%. As a result of MDT recommendations, 11 patients got access to off-label treatment and one patient was enrolled in a clinical trial in another European country. 14/91 patients were recommended surveillance only.

Conclusion* Cross-border MDTs enable networking and clinical collaboration between health care professionals in different countries. Surveillance strategies, off-label drug use and participation in clinical trials in other countries are possible benefits to patients with rare gynecological tumours.

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PELVIC EXENTERATION FOR LOCALLY ADVANCED AND RELAPSED GYNECOLOGIC CANCER: MORBIDITY AND LONG-TERM SURVIVAL

N Teixeira*, C Soler, R Luna Guibourg, P Español, R Rovira Negre. Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

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Introduction/Background* Pelvic exenteration (PE) can be described as the most radical surgery performed in patients with recurrence or persistence of gynecologic cancer. The aim of this study was to evaluate morbidity and survival after PE. Furthermore we analyzed the impact of type of PE and age on survival.

Methodology This is a retrospective observational study including patients with histological diagnosis of gynecologic malignant pelvic tumor (cervix, ovary, endometrium, vulva, vagina,