and Ki 67 < 5%). Positivity for CD 10 and ER and PR focally for Vimentin and negativity for Caldesmon and Actin. Conclusion ESN is described as a nodule composed of endometrial stromal cells located in the myometrium. It is characterized by its circumscribed and non-invasive nature. From the histological point of view, cell tabs simulating infiltration of less than 3 mm and without vascular invasion are typical. Generally, the definitive diagnosis is made in a hysterectomy sample, because an evaluation of the tumor edges is required to eliminate an LGESS and immunohistochemical criteria are required.

Introduction/Background In 2020, the American Society of Clinical Oncology recommended universal hepatitis B virus (HBV) screening prior to chemotherapy to reduce risk of reactivation and associated morbidities. In gynecologic oncology patients initiating chemotherapy at the Juravinski Cancer Centre, baseline screening rate over 6 months was 1.1%; our aim was to increase this to 70% over 6 months and compare real-world efficacy of risk factor-based vs. universal screening.

Methodology This interrupted time-series study used Model for Improvement methodology. Four interventions were implemented in iterative Plan-Do-Study-Act cycles to address identified screening barriers: provider education, testing protocol standardization, integration with clinical workflow, and biweekly feedback reports. Retrospective chart review collected process and outcome measures (analyzed on statistical process control/run charts), and demographic and disease data including Centers for Disease Control (CDC) hepatitis B virus risk factors.

Results From Dec 1/20–Nov 30/21, there were 381 gynecologic chemotherapy initiations. The proportion of physicians screening increased from 0% to 100%, and HBV monthly screening rates increased from 1.1% to 72.2% by month 9, sustained for 4 months at last analysis. The integrated clinic screening protocol and feedback report interventions were associated with increased screening rates. Of 330 unique patients initiating chemotherapy, 175 were screened (53%); 60.9% had ≥1 risk factor. HBV surface antigen was non-reactive in all screened, but anti-HBV core antibody was reactive in 5 (2.9%), indicating prior infection. Real-world risk factor-based screening in those with ≥1 CDC risk factor would have only identified 3/5 seropositive patients. In those screened, risk factor-based screening had sensitivity 60%, specificity 38.8%, PPV 2.8%, NPV 97.1%. There were no reactivations.

Conclusion Implementation of four interventions to increase HBV screening in gynecologic oncology chemotherapy patients significantly improved screening rates, achieving our target at 9 months with sustained improvement. Risk factor-based screening lacks sensitivity compared to universal screening which impacts management.