HEPATITIS B SCREENING TO REDUCE THE RISK OF VIRAL REACTIVATION IN GYNECOLOGIC ONCOLOGY PATIENTS RECEIVING CHEMOTHERAPY AT A REGIONAL TERTIARY CANCER CENTRE: A QUALITY IMPROVEMENT INITIATIVE


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 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.

RARE GYNECOLOGICAL CANCERS IN A GYNECOLOGIC CANCER CENTER: 11-YEAR EXPERIENCE OF KEM


Introduction/Background Many gynecologic cancers fulfill the criteria of a rare tumor with an annual incidence of <6 per 100,000 women. As these tumor entities are difficult to treat, specialized knowledge and skills are necessary. We analyzed the 11-year experience with rare tumors in a tertiary gynecologic oncology center.

Methodology All consecutive patients with rare gynecological cancers treated at our department between 2011 and 2021 were included.
Angiomyxoma Aggressivum – Surgical Complete Resection of Extremaly Rare Tumor of Perineum

Introduction/Background Angiomyxoma aggressivum is an extremaly rare perineal tumor that expansively grows compressing the locally adjacent organs.

Results 1,460 patients with a rare gynecologic cancer entered our department. 1,092 patients received any kind of therapy and 368 ‘only’ had a consultation. The most common histologic types were: borderline tumors of the ovary (424 pts, 29%), low grade serous ovarian cancer (179 pts, 12.3%), ovarian sex cord-stromal tumors (164 pts, 11.2%), uterine sarcoma (142 pts, 10%), clear cell ovarian cancer (115 pts, 8%), and ovarian germ cell tumors (73 pts, 5%). There was a continuous increase of pts over the years: 237 (2011–2013), 215 (2014–2015), 276 (2016–2017), 347 (2018–2019), 385 (2020–2021) cases. In total, 905 pts came from NRW and 555 patients from other states.

Conclusion We observe a centralization of patients from whole Germany with rare gynecological cancers in our center with a rising number of patients during the observation period. This provides a unique chance for further research in rare gynecologic tumors and also allows to offer prospective trials.

Methodology This is a case report of a 47-year-old patient with huge tumor of perineum localised on the left side of perineum, along the vaginal and rectal wall stretching out from the left obturator fossa till the left buttock. The tumor was previously partially debulked in other hospital giving the histopathological diagnosis of aggressive angiomyxoma with high estrogen receptors expression. The adjuvant hormotherapy of GNRH analogues was then introduced with initial good clinical outcome. After almost one year of clinical remission the flabby tumor grew back to the vast dimensions causing many ailments. After thorough imaging diagnostics excluding local pelvic muscles infiltration and any distant metastases as well the patient was qualified for radical debulking surgery from the perineal access. The resection was completely performed when the proper dissecting plane of this locally aggressive tumor had been found with the anatomic respect of vital vessels and nerves. The perineal plastic surgery followed then the surgical complete excision simultaneously. The postoperative course was uneventful. The patologic report confirmed the previous diagnosis of aggressive angiomyxoma with clear surgical margins.

Results The patient is being strictly followed-up for one year so far with no signs of the relapse both in clinical and imaging examinations.

Conclusion Perineal aggressive angiomyxoma is a very rare tumor with unequivocal tendency of local recurrence. The scant publications suggest that complete surgical resection is the best option to prevent of the disease relapse. Systematic treatment or radiotherapy have not been proved to be effective, however antiestrogenic hormonotherapy is recommended as this kind of perineal tumor usually has pronounced hormonal receptors expression.

Impact of the New RCOG 2019 Curriculum and COVID 19 Pandemic on Gynaecological Training Amongst the Specialist Trainees in the United Kingdom: A Prospective Study

Introduction/Background The Royal College of Obstetricians and Gynaecologists (RCOG) introduced a new curriculum in 2019, where a new portfolio was implemented by all obstetrics and gynaecology trainees across the UK. Four professional identities replaced nineteen modules. Furthermore, the National Health Service was hit by the COVID 19 pandemic in 2020. Our survey aims to find how the new RCOG curriculum and COVID 19 pandemic affected gynaecological training amongst specialist trainees in the UK.

Methodology A cross sectional study was conducted using the University of Leicester online survey platform involving the RCOG trainees in the UK from the 1st of June 2021 to the 1st of October 2021. The survey was divided into two main categories: 1) new RCOG curriculum and gynaecology training, 2) COVID 19 pandemic and gynaecology training.