

and Ki 67 < 5%). Positivity for CD 10 and ER and RP, 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 LGES and immunohistochemical criteria are required.

2022-RA-744-ESGO

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

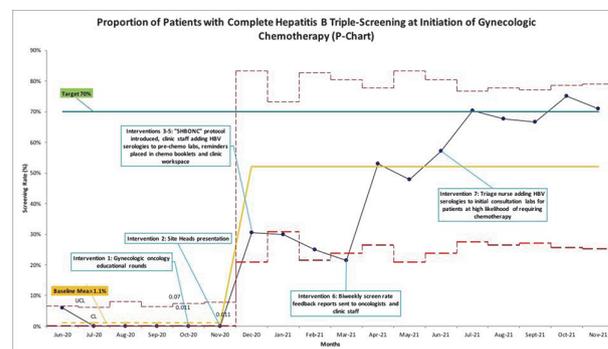
¹Sarah Jill Mah, ²Jonathan Bellini, ³Lucy Zhao, ¹Julie My van Nguyen, ¹Clare J Reade, ¹Waldo Jimenez, ¹Vanessa Carlson, ¹Nidhi Kumar Tyagi, ¹Laurence Bernard, ⁴Gregory Pond, ¹Lua R Eiriksson. ¹Obstetrics and Gynecology, McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada; ²Michael G. DeGroot School of Medicine, McMaster University, Hamilton, ON, Canada; ³McMaster University, Hamilton, ON, Canada; ⁴Oncology, McMaster University, Hamilton, ON, Canada

10.1136/ijgc-2022-ESGO.405

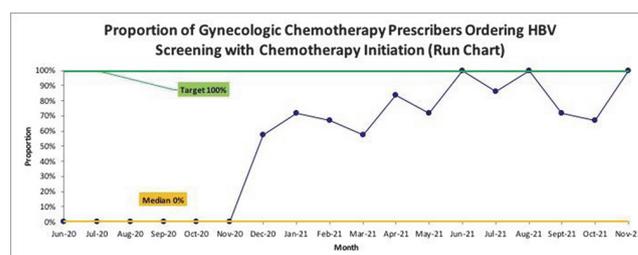
Introduction/Background In 2020, the American Society of Clinical Oncology recommended universal hepatitis B virus (HBV) screening prior to chemotherapy to reduce risk of reactivation and associated morbidities. In gynaecologic oncology patients initiating chemotherapy at the Juravinski Cancer Centre, 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.



Abstract 2022-RA-744-ESGO Figure 1 Proportion of patients with complete hepatitis b triple-screening at initiation of gynecologic chemotherapy (P-Chart)



Abstract 2022-RA-744-ESGO Figure 2 Proportion of gynecologic chemotherapy prescribers ordering HBV screening with chemotherapy initiation (Run Chart)

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.

2022-RA-778-ESGO

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

¹Malak Moubarak, ^{1,2}Beyhan Ataseven, ^{1,3}Florian Heitz, ¹Julia Welz, ¹Burcu Baran, ¹Nina Pauly, ¹Sabrina Kaiser, ¹Timo Westermann, ¹Alexander Traut, ¹Andreas du Bois, ¹Philipp Harter. ¹Gynecology and Gynecologic Oncology, Evangelische Kliniken Essen-Mitte, Essen, Germany; ²Department of Obstetrics and Gynecology, University Hospital LMU Munich, Munich, Germany; ³Department for Gynecology with the Center for Oncologic Surgery, Charité Campus Virchow-Klinikum, Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, Berlin, Germany

10.1136/ijgc-2022-ESGO.406

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.

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.

2022-RA-786-ESGO

ANGIOMYXOMA AGGRESSIVUM – SURGICAL COMPLETE RESECTION OF EXTREMELY RARE TUMOR OF PERINEUM

¹Marcin Jedryka, ¹Andrzej Czekanski, ¹Piotr Lepka, ²Marcin Zietek. ¹*Oncological Gynecology, Wrocław Medical University and Lower Silesian Oncology Center, Wrocław, Poland;* ²*Oncological Surgery, Wrocław Medical University and Lower Silesian Oncology Center, Wrocław, Poland*

10.1136/ijgc-2022-ESGO.407

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



Abstract 2022-RA-786-ESGO Figure 1

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 hormone therapy 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 pathologic 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 hormone therapy is recommended as this kind of perineal tumor usually has pronounced hormonal receptors expression.

2022-RA-816-ESGO

THE 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

^{1,2}Anas Barakat, ¹Aemn Ismail, ^{1,2}Supratik Chattopadhyay. ¹*Gynaecology Oncology Department, University Hospitals of Leicester NHS Trust, LEICESTER, UK;* ²*Leicester Cancer Research Centre, University of Leicester, Leicester, UK*

10.1136/ijgc-2022-ESGO.408

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.