Methods We reviewed patient files from January 2015 to December 2019 from the Princess Marina Hospital in Gaborone. Our curative RT eligibility criteria were TNM Stage T\( \geq 3 \), N \( \geq 1 \); AJCC Stage IIb to IIIc; and undergoing lumpectomy. This study received domestic and international Institutional Review Board approval.

Results We reviewed 441 patient records. The mean age was 53.0 years and 56.0% of patients presented with Stage IIIA-C breast cancer. The median distance traveled for RT was 155 km (range = 3.3–1082 km). We had surgery data on 313 patients (71%) with 41.0% of patients undergoing mastectomies and 11.3% undergoing lumpectomies. Most patients presented with a Karnofsky Performance Status of 90–100 (84.1%). The majority of patients were eligible for curative RT (340; 77.1%), however, only 150 (44.1%) went on to initiate radiation treatment. The median dose received was 4500 cGy and the median boost dose was 900 cGy. Univariate logistic regression analysis revealed the following variables as significantly associated with initiating RT: Mastectomy (\( p<0.001 \)) and Karnofsky Performance Status >90 (\( p = 0.04 \)).

Conclusions This study identified a sizable gap in RT uptake among patients with breast cancer in Botswana, with only 44.1% of eligible patients initiating treatment. Since radiation therapy is covered by the government, it is imperative to consider other factors that could contribute to the lack of treatment initiation, including health literacy and RT schedules with downtime.

E-poster viewing: Gynecologic pathology/ cytology and disease pathogenesis

EP182/#1149 SLN PERFORMED BY SURGEONS IN TRAINING IS A FEASIBLE AND REPRODUCIBLE TECHNIQUE

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Objectives To evaluate the results of sentinel lymph node research performed by physicians in training under the supervision of a qualified preceptor.

Methods This is a prospective Phase II trial including all consecutive early endometrial and cervical cancer patients, older than 18yo, from January 2016 to May 2022. All surgical procedures were performed by surgeons in training, under the supervision of a qualified preceptor. SLN detection was performed with blue dye or ICG, preferably combined with a radiotracer/Technetium (availability).

Results 284 patients were included (130 cervical and 154 endometrial cancer). 185 (65.1%) underwent laparoscopy, 88 (31%) laparotomy, and 11 (3.9%) robotic surgery. Lymphadenectomy was performed in 149 (52.4%) cases: 122 (82%) bilateral and 16 (11%) unilateral pelvic, and 11 (7%) pelvic and paraaortic. Lymphoscintigraphy was performed in 122 patients (122/284), with a 75% detection rate with the gamma probe (91/122). Detection rate was 73.3% (208/284) with blue dye, 69.7% (145/208) bilateral. ICG was introduced in May/2021, and 38 patients were included, 31 in combination with Technetium, with 95% (36/38) bilateral and 5% (2/38) unilateral detection rates. There were no Grade 3–4 complications in 30 POD.

Conclusions In this Phase II trial, SLN biopsy performed by surgeons in training is feasible, reproducible, and may achieve excellent detection rates, mainly when ICG was combined with Technetium.

EP183/#304 LOW GRADE ENDOOMETRICAL STROMAL SARCOMA – A CLINICOPATHOLOGICAL CASE SERIES FROM A TERTIARY ONCOLOGY CENTER

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Objectives Endometrial stromal sarcoma (ESS) is an uncommon mesenchymal neoplasm of uterine/extra-uterine origin. Low grade ESS (LG-ESS) have characteristic morphology, growth pattern and biologic behaviour.

Methods Institutional and referral cases were retrieved from pathology database of our institute by using key word search (Endometrial and stromal and sarcoma) over a period of nine years. The histopathology slides of cases were retrieved and reviewed along with the immunohistochemistry (IHC). Clinical details and follow-up were obtained from the clinical files in the available cases.

Results Eighty-four cases of LG- ESS were studied. Mean age was 49.5 years (range 15 -84 years). Primary site distribution of LG- ESS was: Site distribution was: uterine -74, cervix -4, ovarian -2, extra-uterine -3, ESS on endometriosis-1. Limited staging details were as follows; Stage I-25 cases (64%); Stage II -6 cases (15%); Stage III- 7 cases (18%) and Stage IV- one case. Immunohistochemical (IHC) diagnosis utilizing CD10, smooth muscle actin, desmin was required in only in 58 cases (61%). Estrogen receptor (ER) was positive in 20 cases and progesterone receptor (PR) was positive in 24 cases. Limited follow- up was available in 33 patients. Median follow up was 35 months (range 6–252 months). Out of these 33 patients had one or more recurrences. In stage I patients the recurrence rates were 35.6%. Majority of the recurrences were loco- regional followed by peritoneal and lung metastasis.

Conclusions The clinical behaviour of LG-ESS is punctuated by clinical recurrences. Panel of IHC and assessment of hormonal receptors aid in diagnosis and direct management.