DEFINING THE LONGITUDINAL RISK OF CIN3+ IN PATIENTS WITH LESS THAN CIN2 COLPOSCOPY FOLLOWING INDEX HIGH GRADE CYTOLOGY

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Abstracts

Objectives To determine the baseline and cumulative risk of CIN3 and invasive cervical cancer in patients with <CIN2 colposcopy following a high-grade screening cytology

Methods By linking administrative databases including cytology, pathology, cancer registries and physician billing history, a population-based cohort study was performed on women with <CIN2 initial colposcopy between January 2012- December 2013 including only women with antecedent high grade cytology (ASC-H, HSIL, invasive squamous cell carcinoma(SCC), adenocarcinoma, AGC or AIS. Three and five-year risks of CIN 3 and invasive cervical cancer were generated using Kaplan Meir survival analysis.

Results Among 4168 women with ASC-H, HSIL, SCC or adenocarcinoma on screening cytology, the 3/5-year CIN3 incidence rates were 17.7%/20.0% (no biopsy), 13.0%/15.1%(negative biopsy) and 18.9%/20.0%(LSIL biopsy) while for AGC/ AIS(n=944) cytology, the respective 3- and 5-year rates of CIN3 were 7.42%/8.39%(no biopsy), 7.41%/9.26%(negative biopsy) and 7.695/7.69%(LSIL biopsy). The 3 and 5-year invasive cancer rates were: 1.25%/1.68% (no biopsy), 0.78%/1.04% (negative biopsy) and 0%/0%(LSIL biopsy) for ASC-H, HSIL, SCC or adenocarcinoma and 1.12%/1.54% (no biopsy) 0.46%/0.46%(negative biopsy) and 0.0%/0.0% (LSIL biopsy) after AGC/AIS screening cytology. By screening cytology, participants referred for HSIL had the highest 3- and 5-year rates of CIN3(18.9% and 21%), compared to AGC (7.22%/8.28%) and ASC-H(15.5%/18%). The 3- and 5-year invasive cancer were 1.38%/1.75% for HSIL, 0.85%/1.17% for AGC and 0.91%/1.36% for ASC-H.

Conclusions In patients referred for high grade cytology where colposcopy shows <CIN2, the subsequent risk of invasive cancer at 5 years is sufficiently elevated to warrant closer surveillance in colposcopy. Risk is slightly less significant for AGC or AIS cytology.

ROLE OF EXTENSIVE PROCESSING OF RISK-REDUCING SALPINGO-OOPHORECTOMY SPECIMENS IN BRCA1/2 GERMLINE PATHOGENIC VARIANT CARRIERS

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Abstracts

Objectives We assessed the importance of extensive processing of risk-reducing salpingo-oophorectomy (RRSO) specimens with regard to 1) detecting serous tubal intra-epithelial carcinoma (STIC) or high-grade serous carcinoma (HGSC) at RRSO and 2) development of HGSC in the follow-up after normal RRSO in BRCA1/2 germline pathogenic variant (gPV) carriers.

Methods From Hereditary Breast and Ovarian cancer in the Netherlands (HEBON) study, BRCA1/2 gPV carriers who underwent RRSO between 1995 and 2018 were included. Pathology reports of RRSOs were retrieved from the Dutch pathology registry and extent of processing was assessed. To confirm diagnoses of STIC/HGSC at RRSO or HGSC after normal RRSO, tissue slides of RRSO specimens with (pre) malignancy and from women who developed HGSC after RRSO were reviewed. Fisher’s exact and Mann-Whitney U test were used to compare the extent of processing between the groups.

Results In total 2557 women, of which 1624 BRCA1, 930 BRCA2, and 3 with both BRCA1/2 gPV with 10.5 years of median follow-up were included. 8 isolated STICs and 30 HGSCs at RRSO were found, with 16 HGSCs after normal RRSO. Women with STIC/HGSC at RRSO more often had totally embedded fallopian tubes and ovaries (81.6 and 84.2% versus 61.1 and 65.9% respectively; p=0.01 and p=0.02). Women who did not have their RRSO specimen totally embedded had a 6 times higher risk to develop HGSC during follow-up.

Conclusions Extensive processing of RRSO specimens of BRCA1/2 gPV carriers increased detection of STIC/HGSC at RRSO and subsequently resulted in a risk-reduction for developing HGSC after normal RRSO.

IS IT TIME TO TEST ALL ENDOMETRIAL CARCINOMAS FOR P53 MUTATION?

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Abstracts

Objectives Historically, p53 mutation has been considered a diagnostic marker for serous endometrial carcinoma. Of the recently adopted molecular subtypes, p53 abnormal (copy number high) is the most aggressive. The aim of this study was to explore the histologic and clinical characteristics of p53 abnormal endometrial carcinoma regardless of their histologic subtype or grade.

Methods A total of 146 p53 mutated endometrial carcinoma cases were included (44 cases from the Karolinska Institute, 37 cases from Bern University Hospital and 65 cases from the TCGA database). Based on availability, 1–2 representative digital slides from each case were reviewed. Morphologic, molecular, clinical and follow up data were recorded if available. Survival analysis was performed only on p53 abnormal molecular subtypes.

Results A significant number of p53 abnormal cases (24.2%) classified as low grade (FIGO 1 and 2) endometrioid carcinomas. There was no significant difference in survival among different histologic subgroups (p=0.60). There was no significant difference in survival among low grade (FIGO1 or 2) vs high grade (FIGO3) tumors (p=0.98). Low
Stage (stage I), low grade tumors showed no significant survival advantage over low stage, high grade tumors (p=0.16). Although not statistically significant, the high-grade tumors even showed a trend towards better survival. Low stage patients with high-grade tumors had received more adjuvant treatment than low stage patients with low-grade tumors (p=0.03).

Conclusions The findings of our study support the routine practice of testing all endometrial carcinomas for p53 mutation due significant impact on patients’ prognosis and relevance to therapeutic approaches.

E-poster viewing: Nursing and health care

EP188/#651
COMBINED NURSING AND MEDICAL QUALITY IMPROVEMENT INITIATIVE TO INCORPORATE GYNACEOLOGICAL ONCOLOGY TUMOR BOARD SUMMARIES INTO ELECTRONIC HEALTH RECORDS AT A TERTIARY CANCER CENTRE IN SINGAPORE

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Objectives Weekly Tumor Board multidisciplinary meeting proceedings include gynaecologists, medical and radiation oncologists, palliative care physician, radiologists and pathologists and outline case summary, investigations, operative findings, staging and treatment recommendation. These summaries were previously filed in patients’ casenotes as a printout limiting a smooth workflow for patients that need cross institutional care for radiotherapy and chemotherapy at our sister institutions. Emailing and faxing the summary printouts was time consuming with a potential risk of compromising sensitive patient data. Hence, we initiated a quality improvement (QI) project to incorporate these summaries into electronic health records.

Methods This was a single institution QI project conducted at a tertiary hospital in Singapore, aimed at incorporating TB summaries into electronic records. The current workflow, opportunities, stakeholders and their roles were identified. A root cause analysis was performed to identify barriers and a survey was conducted among the tumour board members for further improvement suggestions.

Results Plan-Do-Study-Act (PDSA) cycles were carried out after creating new workflow. Various options were explored to overcome limiting factors like different alignments in the gynaecological cancer database and electronic health records. To ensure continuity of care and facilitate communication, all copies of TB summaries were electronically incorporated into electronic health records. The current workflow, including new workflow, brought more convenience and enhanced security to patient care. We achieved time saving of 1 hour per week, paper saving of 100 sheets per week, and high staff satisfaction.

EP189/#651
KOREAN SCHOOL NURSES’ ATTITUDE TOWARD BOYS IN THE NATIONAL HUMAN PAPILLOMA VIRUS VACCINE IMMUNIZATION PROGRAM

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Objectives To ensure continuity of care and facilitate communication, all patients with electronic copy of TB summary had an ink stamp on their casenotes to indicate the date the case was discussed in the tumour board.

Conclusions Availability of these summaries electronically has brought more convenience and enhanced security to patient care. We achieved time saving of 1 hour per week, paper saving of 100 sheets per week, and high staff satisfaction.