3.75 [1.04–13.4]) and negative sexuality impact (OR : 1.87 [1.34–2.61]).

Conclusions Breast cancer impacts on self-confidence, future life perception and sexuality of young adult Tunisian who need personalized psychological care.

EP036/#1050  ECONOMIC CHALLENGES FACED BY YOUNG ADULT TUNISIAN PATIENTS FOLLOWING BREAST CANCER
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10.1136/ijgc-2022-igcs.127

Objectives Young adult Tunisian patients treated for breast cancer are confronting in addition to disease, its financial impact. We aim to investigate socioeconomic profiles and financial challenges of young adult patients in the Tunisian context.

Methods Patients aged 20 to 40 years treated for breast cancer regardless of stage (n=62) were asked to complete a questionnaire in April 2022. The survey included items about: socioeconomic conditions and future life projects.

Results Mean age was 35 years old [26–40]. Eight patients (12%) were under 30. Thirty-four patients (54%) had high educational level. Thirty-six patients (58%) had job. Twenty-seven patients (43%) lost their jobs because of sick leaves and 19 patients (30%) found difficulties to get job when announcing disease to employers. Twenty-four patients (38%) were economically dependent on their husbands and 12 patients (19%) to their parents. Thirty-six patients (58%) reported financial difficulties. Immigration intention to developed countries was reported by 25 patients (40%) to their parents. Thirty-six patients (58%) were economically dependent on their husbands and 12 patients (19%) to their parents. Thirty-six patients (58%) reported financial difficulties.

Conclusions Tunisian young adult patients following breast cancer are facing economic and social difficulties that must be considered on the same level as others sides of health care.

EP038/#548  PREDICTIVE FACTORS OF AXILLARY LYMPH NODE INVOLVEMENT IN TUNISIAN WOMEN WITH EARLY BREAST CANCER
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Objectives This study aimed to identify clinicopathological predictive factors of axillary lymph node metastases in patients with early breast cancer.

Methods We included patients with axillary T0, T1 and T2 invasive breast carcinoma who underwent resection of the primary tumor and axillary staging by sentinel lymph node biopsy and/or axillary lymph node dissection between 2012 and 2018.

Results Of the 135 patients included, 41.5% had ALNI. Regarding univariate analysis, clinical factors correlated with positive ALNM were clinical tumour size >30 mm (p=0.006), clinical tumour stage (p=0.047), clinical number of tumours (p=0.016), clinical axillary nodal status (p<0.001) and nodal status on ultrasound (p<0.001). Pathologic factors associated with nodal involvement were pathologic tumour stage (p=0.003), tumour grade SBR (p=0.001), number of foci (p<0.001), lympho vascular invasion (p<0.001), perineural invasion (p=0.001) and Ki67>20% (p=0.049). In multivariate logistic regression, clinical axillary nodal status (OR=4.31, CI 2.26–50, p=0.032), pathologic tumour stage (OR=3.66, CI...
E-poster viewing: Cervical cancer

**EP039/#692**  EVALUATION OF THE FACTORS ASSOCIATED WITH THE DELAY IN INITIATION OF TREATMENT OF ADVANCE STAGE CERVICAL CANCER PATIENTS

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**Objectives** Background: Cervical cancer ranks 2nd in women cancer and third leading cause of female cancer death in Bangladesh. Delay in initiation of treatment in advanced stage cervical cancer patients is associated with significant morbidity and mortality. It is crucial to overcoming the barrier for initiation of effective treatment in appropriate time. Objective: Assessment of the factors that lead to delay in diagnosis and treatment of advanced stage cervical cancer patients.

**Methods** This observational cross-sectional study was conducted from November 2019 to October 2020 in the Gynecological Oncology department of National Institute of Cancer Research and Hospital, Dhaka. 138 patients of advanced stage cervical cancer were included in the study.

**Results** The mean age of the patients was 48.74 (±9.57) years. 30.4% of patients were illiterate and the majority (43.47%) belonged to low middle income family. Illiteracy, low monthly income, residents of rural areas, embarrassment, fear, lack of knowledge regarding cervical cancer, contacting a non-medical person prior to the first medical person, not performing per speculum examination at initial consultation, misdiagnosis, delay in referral to tertiary care centre hospital, long distance of the primary health care facility and tertiary care centre hospital from the residence were predictors of longer delays in treatment initiation (p value<.05).

**Conclusions** Financial Crisis, lack of education, Inappropriate management, lack of availability and accessibility of health services and radiotherapy resource limitation have led to delays. Proper initiatives should be taken to remove the obstacles in cancer care pathway and subsequently treatment outcome as well as quality of life will be improved.

**EP040/#682**  CERVICAL CANCER TREATMENT CAPACITY IN AFRICA: MAPPING OF RADIATION ONCOLOGY AND GYNECOLOGIC ONCOLOGY SERVICES

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**Objectives** To meet demands for cervical cancer care in Africa, there is a need to understand current access to surgery and radiotherapy.

**Methods** We collected data on gynecologic and radiation oncology staffing and infrastructure capacities from each African country from February-July 2021 through collaboration by querying partners at the International Atomic Energy Agency, National Cancer Institute, International Gynecologic Cancer Society, and African Organisation for Research and Training in Cancer. Cancer incidence data were obtained from GLOBCAN. The number of radiation oncologists, therapists, physicists, and gynecologic oncologists were reported. The adequate number of radiation and gynecologic oncologists were both defined as 2 physicians per 1000 cases (assuming a radiotherapy utilization rate of 63% for cervical cancer cases).

**Results** Six of 54 (11%) countries reported an adequate number of gynecologic and radiation oncologists. Seven (13%) had neither. Thirty-one (37%) countries reported external beam radiation availability, 25 (46.3%) brachytherapy availability, and 31 (57%) gynecologic oncology availability. In 6 (11%) countries, general gynecologists perform radical hysterectomies. Where data were reported, there were a median of 2 (range 1–13, IQR 2) physicists and 6 (range 1–40, IQR 7) radiation therapy technicians. The number of countries with training for gynecologic oncology, radiation oncology, medical physics, and radiation therapy was 14 (26%), 16 (30%), 11 (20%), and 17 (31%) respectively.