

#40 MULTIPLE PRIMARY MALIGNANCIES INVOLVING GYNAECOLOGICAL TRACT: A REVIEW FROM TERTIARY CANCER INSTITUTE OF NORTH EAST INDIA

Eshwarya Jessy Kaur*, Debabrata Barmon, Upasana Baruah, Dimpy Begum. *Dr B Borooah Cancer Institute, Guwahati, India*

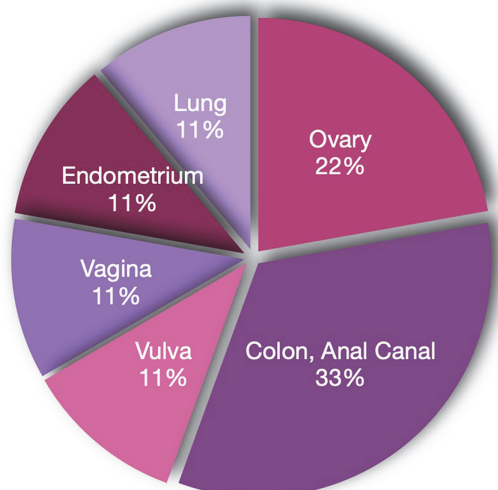
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Introduction/Background Patients with pre-existing cancer have higher than usual risk of developing second malignancy, and multiple primary malignancies (MPMs) are expected to increase with the increasing cancer survivors.

Methodology Hospital based, retrospective cohort study, approved by institutional ethics board. Conducted at Dr B Borooah Cancer Institute, Guwahati, from January 2017 to December 2021. Aim of study was to investigate clinico-pathological factors of MPM patients attending Gynaecologic Oncology OPD at our institute.

Patients with multiple primary malignancies involving at least one gynaecological site were included. Those with ambiguous origin, incomplete treatment, and lost to follow up were excluded.

● Ovary ● Colon, Anal Canal ● Vulva ● Vagina
● Endometrium ● Lung



Abstract #40 Figure 1 Distribution of second primary malignancies after Cervix as first primary. All patients have received prior Chemoradiation

Results Total 57 patients were included, however 8 patients were excluded with ambiguous primary sites and suspicion of metastasis. Incidence of metachronous, and synchronous malignancies was 59.18% (n=29) and 40.81% (n=20), respectively. Median onset age of first primary was 47 years (range: 23–74) as compared to 52 years (range: 30–77) for second primary (SD:9.828, p= <0.001).

Cervix was most common site (26.5%, n=13) of first malignancy, followed by Endometrium (20.4%, n=10), while Ovary was more commonly diagnosed second malignancy (38.77%, n=19), followed by Endometrium (14.28%, n=7), with 1 case of triple primary seen as well (figure 1). Observed median time to development of second malignancy was 48 months (Range: 24–336 months). 88.89% Malignancies following Cervical cancer treatment were located within the pelvis (figure 1).

Only 6.12% patients presented with a positive family history of malignancy, while common embryonal origin was seen in 24.4% cases. Endometrium and Ovary were most common synchronous malignancies (40%, n=8) observed, with low grade endometroid histology predominating (87.5%).

Conclusion Our study highlights the need for protracted follow up Cervical cancer survivors receiving Chemoradiation. High incidence of synchronous tumors warrants a comprehensive evaluation of organs with similar embryonal and hormone receptor status, and these patients constitute the unmet need for genetic testing in LMICs.

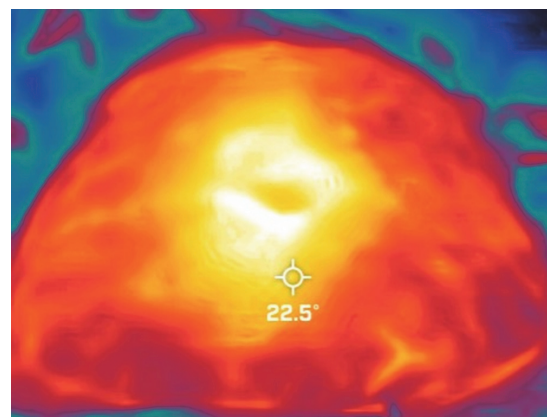
Disclosures None to disclose.

#55 THERMAL IMAGING FOR TUMOUR MAPPING IN GYNAECOLOGICAL CANCERS

^{1,2}Ahmed Abdelbar*, ³Thushanee Ramajayan, ³Gautam Mehra, ^{3,4}Ahmad Sayasneh. ¹Guy's and ST Thomas' NHS foundation trust, London, UK; ²Department of Obstetrics and Gynaecology, Cairo University, Cairo, Egypt; ³Guy's and ST Thomas' NHS foundation trust, London, UK; ⁴King's college London, London, UK

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Introduction/Background Near infrared imaging, also known as Thermography is an imaging that uses infrared to detect the temperature of the tissues. This works on the basis that the tumour cells generate a higher metabolic rate, which results in a higher blood flow. Numerous studies have proven the benefits of thermography in detection of breast cancer, mainly being non invasive and cost effective. The aim of this study is to explore if thermal imaging can be used for the mapping the abdominal wall tumours in advanced stage gynaecological cancer.



Abstract #55 Figure 1

Methodology This is a pilot novel prospective cohort study that was conducted in a tertiary cancer centre in London between September 2022 and March 2023. It was registered as a quality improvement project and has been approved by the audit lead. The patients were consented for the anonymized use of thermal images while in surgery. Consent forms were obtained and imaging done as per the Trust policy. No data was transferred or stored outside the trust. Inclusion criteria included patients with a malignant tumour on imaging or biopsy. Patients with class III obesity were excluded from the study. Images of the abdominal wall were taken prior to skin incision, using FLIR ONE thermal camera (FLIR Systems®).