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

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).

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

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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.

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 ®).


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The temperature and colour difference in the diseased areas were recorded. The results were correlated to intraoperative and histological findings.

Results Seventeen patients were included in this pilot study. Twelve patients had an advanced stage disease (Stage two or higher) at the time of the surgery, of which nine had a positive detection on thermography. Detection rate was 100% for abdominal wall and hernial sac tumours.

Conclusion Thermal cameras can be used for the surface mapping of various gynaecological tumours, prior to surgical interventions. However, randomized controlled studies are needed to validate our findings.

Disclosures Larger randomized controlled studies are needed to validate the findings of our pilot study. We would recommend the use of a high resolution camera.

#125 INTRACYSTIC PAPILLARY CARCINOMA OF THE BREAST: A SINGLE INSTITUTION EXPERIENCE

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Introduction/Background Intracystic papillary carcinoma (IPC) is a rare breast malignancy with an excellent prognosis. However, it remains a poorly understood neoplasm. This study aims to evaluate its clinicopathological features and outcome at our institution.

Methodology We retrospectively reviewed the clinical record of 6 patients treated for an IPC of the breast at Salah Azaiez Institute Tunisia between 2017 and 2022.

Results All the patients were postmenopausal females with a mean age of 71.5 years old presenting with a palpable mass. The average tumor size was 25 mm with a maximum of 150 mm. Mammmography and ultrasonography showed a well circumscribed mass with cystic or solido-cystic component in most cases.

The most common stage at presentation was stage II disease. Only one patient was metastatic to the bone and liver at presentation.

5 patients underwent radical surgery associated with axillary lymph node dissection in 4 cases and sentinel lymph node dissection in one case.

At the final pathologic report, 83.3% of cases were classified as carcinoma in situ whereas only one case was invasive. All axillary lymph nodes were negative. Immunohistochemical studies revealed the positivity of hormonal receptors in approximately 83% of cases. Hormonal Epidermal Growth factor receptor 2 was only evaluated in 2 cases and proved to be negative.

Exclusive hormonal therapy was indicated in all the cases. The average duration of follow-up was 16 months (range from 7 to 63) with no evidence of local or distant relapse.

Conclusion IPC is a rare breast malignancy that shares features with both ductal carcinoma in situ (DCIS) and invasive ductal carcinoma. It should be staged and managed like DCIS with surgery as the standard of management. It carries an indolent behavior with a low frequency of axillary lymph node involvement, rare distant metastases, and excellent survival. A meta-analysis of the literature is primordial to standardize the treatment.

Disclosures the authors have nothing to disclose.

#162 LAPAROSCOPIC HYSTERECTOMY WITHOUT UTERINE MANIPULATOR, A NOVEL APPROACH AND STEP BY STEP DESCRIPTION OF OUR TECHNIQUE

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Introduction/Background The objective of this retrospective study was to evaluate the feasibility and safety of Total Laparoscopic Hysterectomy (TLH) without manipulator or any vaginal tube. We describe our technique step by step and present our data on intra-operative and post-operative morbidity.

Methodology Between January 2011 and January 2022 we performed 1442 Total Laparoscopic Hysterectomies, without using any kind of uterine manipulator in women with benign indications for hysterectomy. We analyzed retrospectively perioperative and postoperative outcomes. During the operation we used bipolar forceps and Laparoscopic Ligasure™ and vagina was Laparoscopically sutured with absorbable individual sutures. All operations were performed by the same surgical team.

Results The average age was 52.1 years and BMI 27.1 kg/m2, while the mean operative time was 78 min (43–168 min), the estimated blood loss was 59 mL (20–260 ml) and the mean uterine weight was 282 g (40–1880 g). There was no case of conversion to laparotomy. A blood transfusion was required for 26 patients (1.8%), while there was one case of ureteral injury and three cases where the bladder was opened and fixed laparoscopically. The average hospital stay was 1.1 days, with only 40 patients staying for two or more days. In the long term, we had 9 cases (0.6%) of vaginal vault dehiscence and one case of vaginal vault hematoma.

Conclusion A TLH without the use of a uterine manipulator is a feasible and safe procedure. While it is perhaps a more demanding procedure for young doctors, when performed by well-trained and experienced laparoscopic surgeons, the procedure entails a short operative time and a low complications rate. As such, it should be the first step in the training of young doctors for performing laparoscopic radical hysterectomies.

Disclosures All authors declare no conflict of interest

#173 PREVALENCE OF IRON-DEFICIENCY ANAEMIA IN PATIENTS WITH NEWLY DIAGNOSED GYNAECOLOGICAL MALIGNANCY

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Introduction/Background Anaemia was common in malignancy, and was reported to be present in 39% of cancer patients at baseline and increased to 67% for those undergoing chemotherapy. Data on the magnitude of this problem in gynaecological oncology patients were limited. The aim of this study was to investigate the prevalence of iron-deficiency anaemia in patients with newly diagnosed gynaecological malignancy.

Methodology All the new case referrals of gynaecological malignancy to our center between September 2022 and March 2023 were identified using hospital database. All patients were advised to have an iron profile checked as part of the initial