transvaginal ultrasound. CA-125 471 u/ml. Abdominal MRI does not show peritoneal compromise.

Results During surgery, a systematic revision of the abdominal cavity was performed to evaluate the extension of the disease. Intraoperative findings consisted of exophytic, papillary, bilateral ovarian tumors and white, confluent lesions present in the rectouterine pouch, vesical peritoneum and right diaphragm. While preserving oncologic hygiene, bilateral tumor-ectomy was done with ultrasonic energy. Afterwards, intraoperative abdominal ultrasound was performed using the transvaginal transductor over the ovarian cortex and transvaginally. It was confirmed that neither ovary had residual neoplasms. Pelvic peritoneectomy was carried out.

The pathology report confirmed a borderline serous ovarian tumor stage IIIA2 with non-invasive implants. There was no indication for adjuvant therapy. Since, the patient continues in follow up with no symptoms and persistently low levels of CA-125.

Conclusion Intraoperative ultrasound mapping is a safe and easily achievable option in fertility sparing management. More evidence and bigger cohorts should be carried out to standardize its use.

07. Palliative Care

#98 A CASE OF CLIVUS METASTASIS OF BREAST CANCER WITH TONGUE FASCICULATIONS

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Introduction/Background Although skull base metastases from breast cancer are not uncommon, there are relatively few reported cases in the literature.

Methodology We report a case of clivus metastasis from breast cancer resulting in tongue fasciculations and dysarthria.

Results A 62-year-old woman followed since the age of 44 for left breast carcinoma classified as T2N1M0 treated by radical surgery with pathological examination: it is an infiltrating lobular carcinoma of 25 mm, receptors hormone positive, 3N+/10N. Treatment was continued with adjuvant chemotherapy followed by left locoregional radiotherapy at a dose of 30 Gy in 25 fractions. After 15 years of follow-up, the patient consulted an ENT doctor for pain in the tongue, followed by fasciculations, aphasia, and dysarthria. The patient was referred to our hospital for a detailed examination and treatment. PET-CT and cranial MRI detected a metastatic lesion to the clivus and the upper and dorsal cervical vertebrae. The clinical case was presented in a multidisciplinary meeting and the decision was to prescribe bisphosphates and perform palliative radiotherapy. Irradiation of the clivus from the cranial base to the second cervical spine at a dose of 20 Gy in 5 fractions using a conformal technique was carried out. Symptoms such as fasciculations and dysarthria have markedly regressed, and the patient is currently being followed at our consultation regularly.

Conclusion Bone metastasis of breast cancer worsens the quality of life and increases the mortality of patients. Current treatments for bone metastasis are only palliative, and efficient therapeutic targets need to be still identified.

Abstract #98 Figure 1 Radiotherapy planning Of the Clivus metastasis

Disclosures The rate of metastasis to uncommon sites of breast cancer is on the rise due to the more effective therapy prolonging survival and the early detection on imaging.

#636 PALLIATIVE CARE ATTITUDE AND KNOWLEDGE OF CLINICIANS ATTENDING TO CERVICAL CANCER PATIENTS IN MOI TEACHING AND REFERRAL HOSPITAL, KENYA

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Introduction/Background Access to palliative care (PC) is an essential component of health care and is integral to Universal Health Coverage. Cervical cancer (CC) and HIV remain the harbinger of morbidity and mortality in LMICs yet less than 5% of patients receive PC. MTRH is a referral center serving a catchment area of 20 million people with 20–40 patients with advanced CC seen weekly in clinic but with few trained PC specialists. This begs the question as to the ability of these clinicians in providing this essential service. This study seeks to address this question and to further evaluate avenues for the innovative improvement of this crucial service with involvement of all clinicians in the unit.

Methodology This was a cross-sectional study study carried out at the gynecologic oncology clinic in MTRH and 2 AMPATH satellite sites. Study population included all clinicians dealing with cervical cancer patients between April – June 2022. The data collection tool was the Palliative Care Attitude and Knowledge (PCAK) questionnaire.