

($p < 0.005$). Finally, the correlation between disease stage and positive HPV DNA testing in the lymph nodes was also significant ($p < 0.05$). The presence of HPV DNA in cancer free pelvic lymph nodes was significantly correlated to the concomitant manifestation of pelvic lymph node metastases. Specificity of the test for detection of metastatic lesion in the pelvic lymph nodes was 95.9% (95% CI: 89–100%), sensitivity was 81.8% (95% CI: 65–93%). The presence of HPV DNA in cancer free pelvic lymph nodes was significantly correlated to the recurrence. Specificity of the test for prognosis of recurrence was 43.6% (95% CI: 28–60%), sensitivity was 79.7% (95% CI: 67–89%).

Conclusion: The presence of HPV DNA in the lymph nodes is probably an early indicator of metastasis and could predict poor prognosis and should be treated as such in the follow up and planning the adjuvant therapy.

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POSTER

National Clinical Nursing Database for Patients Who Have Undergone Surgery for Ovarian Cancer

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Background: In 2005 in Denmark a national multidisciplinary evidence-based clinical guideline for fast track ovarian surgery was developed. The goal was to optimize the postoperative outcome of care and treatment for the ovarian cancer patients. The guideline contained recommendations for nursing actions before and after surgery. In 2008 a national audit of nursing data showed inadequate achievement in terms of: nutrition, mobilisation, pain treatment, nausea treatment and the extent of surgical intervention had an impact on hospitalization time.

In 2009 at a national multidisciplinary workshop, four work groups with representatives from the largest surgical gynecological cancer departments in Denmark, were established. Three groups were tasked to review the clinical guidelines in nutrition, pain treatment, fluid therapy, respectively, the fourth group was tasked to develop a national clinical nursing database for patients who had undergone surgery for ovarian cancer. The nursing database was connected to the already existing medical database DGCD (Danish Gynecological Cancer Database). Registration was divided into pre, peri, and post operative care and rehabilitation plan. Nursing variables were based on the targets in the national clinical guidelines and based on consensus decisions in the workgroup. From June 2010 the nursing database was tested and continuously adjusted before being implemented in its current form in February 2011.

Results: The nationwide nursing database of patients who have undergone surgery for ovarian cancer is now implemented in Denmark and ensures a systematic documentation of selected nursing variables that support the continuous quality work. The data entry is individually organized to the various departments. Current data material is not large enough to represent a quality measurement on a given nursing variable. This will be available at the conference in Stockholm September 2011.

Conclusion/Perspective: In 2012 the database is expected to include patients who have undergone surgery for corpus uteri cancer and in future all gynecological cancers.

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POSTER

The Optimal Surgical Management of Uterine Leiomyosarcoma – Should Ovaries Be Removed in Premenopausal Patients?

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Background: Uterine leiomyosarcoma (LMS) is a rare malignant tumour of uterus. The main method of treatment of LMS is surgery. The efficacy of chemotherapy and radiotherapy is questionable. The aim of our study is to establish the optimal extent of surgery for uterine leiomyosarcoma in patients of different age groups.

Methods: A retrospective chart review was done to 198 patients with LMS treated at the N.N. Blokhin Russian Cancer Research Center, Moscow, Russia from 1970 to 2009. Patients with LMS had a median age of diagnosis 48.16±0.7 years. Surgical treatment, as independent method, was performed to 126 patients (63.6%). Combined treatment, including surgery+postoperative chemotherapy or surgery + radiotherapy was performed to 60 patients (30.3%). Complex treatment (surgery + chemotherapy + radiotherapy) was performed to 13 (6.5%) patients.

Results: We observed association between ovarian preservation and improved survival: overall 5 year survival in patients with ovarian preservation and those who underwent oophorectomy is 87.3±8.4% and 49.0±5.3%, respectively ($p < 0.05$). We didn't observe metastases in ovaries in any of 198 patients included in this study. Furthermore, we observed that in radically treated patients the frequency of distant metastases was 22.2% higher in patients with ovaries removed compared to patients with ovarian preservation during the primary surgery (59.7% and 37.5% respectively) ($p < 0.05$).

Conclusion: According to our data, the optimal surgery for LMS is total abdominal hysterectomy in the reproductive age and total abdominal hysterectomy with bilateral salpingo oophorectomy in the postmenopausal period.

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POSTER

Audit of Fertility-sparing Surgery for Early Stage Cervical Cancer

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Background: Carcinoma of the cervix is the second most common cancer in women worldwide after breast cancer, with a peak incidence in females of fertile age. It is important to offer a more conservative approach to surgical management, to minimise the previously accepted adverse effects of radical surgery, and to offer women more than just cure, but also preservation of their fertility. We analyse the oncological results, complications and fertility rates in a group of women who have undergone fertility-sparing surgery for early-stage cervical cancer.

Materials and Methods: From January 2000 to July 2010, 40 radical trachelectomy or radical cone biopsy procedures with pelvic lymphadenectomy were planned.

Results: A total of 40 women were followed up for a median period of 16 months. 21 women (52.5%) underwent a radical trachelectomy. One procedure was abandoned due to extensive disease at the time of surgery. A radical cone biopsy was performed in the remaining 18 women (45%). Three patients (7.5%) had completion treatment (one radical hysterectomy and two chemoradiotherapy) at the time of initial treatment. There was one recurrence among the women who had completion treatment and another recurrence in those who did not. The perioperative complication rate was low (2.5%) and 14 postoperative complications occurred in 10 women (25%). There was no bladder or urethral injury. Three women discovered they were pregnant pre-operatively and two delivered a live birth after a radical cone biopsy. 28 women attempted pregnancy post-operatively. There were eight pregnancies in seven women and four live births. There was one first trimester abortion and three continuing pregnancies.

Conclusions: Radical trachelectomy and radical cone biopsy with pelvic lymphadenectomy are oncologically safe procedures in selected patients with early stage cervical carcinoma. The morbidity is low and it allows fertility preservation.

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POSTER

The Post-surgery Symptom Experience of Women With Vulval Neoplasia – Development and Content Validity of a Patient Reported Outcome (PRO) Instrument

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Background: Women with vulval neoplasia (vulval intraepithelial neoplasia and vulval cancer) often experience severe postsurgical complications, but validated instruments for evaluating postsurgical symptoms and related distress are lacking. Therefore the aims of this study were (1) to develop a WOMAN with vulval Neoplasia – Patient Reported Outcome (WOMAN-PRO) instrument to measure women's post-vulval-surgery symptom experience, (2) to examine the content validity of the newly developed WOMAN-PRO instrument, (3) to describe modifications based on pilot-testing, and (4) to examine the content validity of the revised instrument (Clinical Trial ID: 01300663).

Methods: In this international, mixed methods multicenter study, a new instrument was developed according to the PRO guidelines, based on literature searches, patient interviews ($n = 20$) and expert feedback ($n = 9$). The 37 items instrument was pilot-tested first with a content validity index (CVI) rating by patients ($n = 6$) and experts ($n = 6$). The revised 36 items were pilot-tested again by patients ($n = 4$). Participants were recruited from one Swiss and two German University Hospitals.