



Joint Event

Gynecology and Obstetrics Pathology, Breast Pathology and Cancer & Palliativecare and Gerontology

June 28-29, 2019 | Oslo, Norway



POSTERS

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Quality of discharge summaries for geriatric patients

Background: Elderly patients typically have multiple admissions due to their multiple comorbidities and complex health issues. They tend to require multi-professional care both in hospital and in the community setting. It is therefore, important to ensure the communication of pertinent information for quality follow-up care in the community. Conventional discharge summaries lack geriatric specific information.

Aim: The aim of this audit is to look at the quality of discharge letters for geriatric patients in Withybush General Hospital.

Standard: D-SAFE (discharge summary adapted for frail and elderly) Model evolved in Quebec, Canada. PRSB (Professional Records Standards Body) – July 2018, UK

Method: We used a proforma to record the data from the electronic discharge summaries used in our hospital. A sample of 20 patients' discharge summary was used; 10 were from ward 10 and 10 from ward 12. It was a retrospective study looking at discharge letters from August to December 2018.

Results: The first audit revealed that the conventional components of the discharge summaries were duly completed. The geriatric components on the other hand were rarely mentioned. These data were presented in the geriatric meeting and we decided to implement prompt cards. We later re-audited and the results showed a considerable increase in the geriatric elements being relayed into the discharge summaries.

Conclusion: The usage of prompt cards along with education has enabled an improvement in the quality of discharge summaries. The action plan is to provide prompt cards in induction pack, and continue education regarding discharge letters.

Biography

Sushrut Oomman graduated from University of Pecs Medical School, Hungary. He is currently working as a Clinical Fellow in Internal Medicine in Hywel Dda NHS University Health Board in Haverfordwest, Wales. While working in the Geriatric ward he audited the quality of discharge summaries in his Hospital, specifically for geriatric patients.

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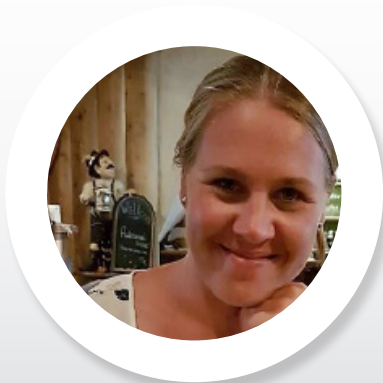
Home care nurse's experiences with medication kits as a tool in palliative care

International studies show a majority of patients receiving palliative care wish to remain at home until they die. Patients and their relatives affirm efficient symptom alleviation is an important factor for living at home until death. A central tool for ensuring quality symptom management for home-dwelling, terminally ill patients is the medication kit recommended by the international consensus group, National Institute for Health and Care Excellence. The intent of the medication kit is simple and effective symptom management for home-dwelling patients in the terminal phase to be facilitated by home care services. Home care nurses assist many advanced cancer patients desiring to live in the familiar surroundings of their own home until the day they die. The purpose of this study is to increase the understanding concerning home care nurse experience with the Norwegian version of the medication kit as a tool in symptom management for the terminally ill. The study had a qualitative, descriptive, and explorative design, based on hermeneutic methodology. Two focus group interviews plus four subsequent in-depth interviews helped generate data. The nurses reported how thorough planning and clear instructions on medication kit usage strengthened nurse confidence and competence, facilitating proper application. Good collaboration with primary physicians, including accessibility and clarifying meetings in particular, was necessary. In the past, infrequent use of the medication kit hindered its relevance for symptom management. Home care nurses were often alone with the responsibility for assessing the patient and administering medications, leading to unjustifiable professional conditions, particularly during night shifts. Thus, clear guidelines, planning and clarifying meetings with primary physicians, as well as increasing competence in symptom alleviation in the terminal phase, helped facilitate the use of the medication kit. A system that ensures available professional resources around the clock was also found essential. Recruiting competent nurses to home care services and establishing palliative teams in the municipal health services, available 24 hours, will enhance professionally tenable practice and help fulfill the desire of many patients who wish to die in their own homes.

Biography

Katrine Staats has obtained her MSc, and is an Oncology Nurse. She is pursuing her PhD, Centre for Elderly and Nursing Home Medicine, Department of Global Public Health and Primary Care, University of Bergen, Norway.

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Margin positivity and revision rates post breast conservation treatment (BCT): Two years study

Introduction: Breast conserving surgery (BCS) remains standard protocol for managing localized breast cancers (BC). There is no consensus on 'optimal' margin width. Association of Breast Surgery (ABS, 2015), deem 1 mm for invasive cancers (IC) and intraductal carcinoma (DCIS) as adequate while 2018 guidelines recommends tumour on ink as 'positive' margin for IC and DCIS. We reviewed margin re-excision rate at our centre, a major London University hospital.

Objective: The main objective of the present study is to assess margin revision rate (including completion mastectomy), post BCS; and if our re-excision rate is in line with national average.

Methods: Two years data was collected of patients undergoing BCS between 2017 and 2018. Re-excisions for positive margins and subsequent completion mastectomy, if any, were recorded. Tumour demographic including size and number of positive margins was also noted. We used ABS 2015 as standard.

Results: The results showed that among 303 women undergoing BCS for cancer, 59 (19.4%) underwent further surgery, 42/59 (71.1%) had IC and 17/59 (28.9%) had DCIS. Fifty out of 59 (84.7%) patients underwent re-excision post BCS and 9/59 (15.3%) had completion mastectomy. In patients undergoing completion mastectomy, average tumour size was 42.5 mm. For IC, a median of two margins were positive, while DCIS, median positive rate was marginally higher at three. In comparison with previous data from our centre (AoE; 2015), there appears to be 3.8% reduction (23.2 vs. 19.4) in the re-excision rate.

Conclusion: Our revision rate is 19.4%; in line with national average (17.2%). 15.3% women had completion mastectomy. Risk of positive margin was higher with DCIS than IC.

Biography

Morvarid Shirmohammadi has completed her MD from Iran. After years of contribution to medicine, she pursued her interest in Fundamental Research and obtained her MSc in Cellular Biology from University of Paris 5 in 2007. She has published her papers in creditable journals and presented her research in international conferences. She is currently a Histopathology Trainee at Imperial College Healthcare NHS Trust.

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**GENERAL
SESSION**



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Losing the woman within in the eyes of society

Mandy Sanghera would like to talk about her personal journey about losing an ovary at the age of 21 and having a hysterectomy by the age of 36. Losing the women within and finding her life purpose of challenging cultural beliefs and traditions. Smashing the shame globally around periods and women's reproductive health. Looking at how the girl child is discriminated against within the womb, sex selection abortions how violence against women starts within the womb. Issues around consent and early child forced marriage as one of the founders of the UK forced marriage unit I have tackled the issue globally especially around girls reproductive rights. The issue around FM and its impact on girl. Virginity testing. Unpick harmful stereotyping of women in health. I will be talking about my global work within UN and other Global organizations about leaving no women behind. Sterilizing of women Outcome. Give case examples. Best practice example unpick lessons learnt. What we can do as frontline staff to respect autonomy and cultural sensitive. Look at the role of gender inequality around women's health.

Biography

Mandy Sanghera is an award winning philanthropist, community consultant and global campaigner As well as being an international human rights activist & motivational Tedx speaker from UK, who has travelled all over the world empowering & motivating others. With over two decades of experience, Mandy is an expert in various development related fields. She has been driving innovation, building strategic partnerships, promoting advocacy and programming in the areas of human rights, gender equality, accountability and social justice globally Mandy has recently spoken at The US House of Representatives

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Mandy Sanghera

International human rights activists, UK



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Co-Authors

**Ryzhova N K¹, Rodin N V² and Pasina
O B²**¹GBUZ NO "Dzerzhinsky Perinatal Center",
Russia²NUZ "Railway Clinical Hospital", Russia**Successful myomectomy of giant uterine myoma at 15-16 weeks of pregnancy and prolonged primary infertility**

Uterine fibroids are the most common types of benign tumor of the female reproductive system. The incidence of uterine myoma diseases according to various authors is from 15 to 50%. In 15-17% of women, uterine fibroids occur at the age of 30 years and older. The average age to reveal uterine fibroids is 32 years. Despite the active arrangement of medical examinations, there are patients with uterine myoma of large and sometimes gigantic size combined with pregnancy. Also it is known that at presence of pregnancy the nodes of fibroids can grow, reaching a large and gigantic size and leading to the disruption of adjacent vital organs. As a rule, at presence of large uterine fibroids, the development of pregnancy is very problematic and it finishes with its termination. According to the data of FGU NCAAP named after academician V.I. Kulakov, all surgical interventions in gynecology performed for uterine fibroids in 60.9-95.5% are of a radical nature. However, the experience of our clinic has shown that not only the preservation of the uterus, but also further gestation of the full-term pregnancy and following delivery is possible. An example of such a case is the story of the patient L. A 32-year-old patient suffering from primary infertility was admitted to the gynecological department urgently with complaints of genital tract bleeding, weakness, dizziness. She presented some uterine fibroids of gigantic size and severe iron deficiency anemia (HB-39g/L). According to the uterus USI results, a pregnancy of five to six weeks was diagnosed against the background of interstitial uterine fibroids of 13-14cm in size. Given the long-term infertility, the patient refused to terminate the pregnancy, conducted antianemic and preserving therapy. At 15-16 weeks, the patient's condition worsened; there were complaints about dysfunction of adjacent organs, frequent urination, pain in the iliac areas, the impossibility of a long stay in an upright position. According to the ultrasound study, the growth of the myoma node is up to 20cm. An emergency treatment was performed: A laparotomy myomectomy of a giant interstitial myoma (myoma weight-2kg) during pregnancy 15-16 weeks without opening the cavity with preservation of the fetus, using blood-saving technologies. At 37-38 weeks, planned delivery was by cesarean section. A live, full-term girl was taken out (weight-2800gr, height-48cm). Thus, patients with uterine myoma should be thoroughly carried out with pregravid preparation and, if necessary, undergo indications myomectomy at the planning stage of pregnancy. During pregnancy, myomectomy should be performed by a highly skilled surgical team with the obligatory observance of surgical rules and the use of modern blood-saving technologies.

Biography

Natalya Belkina, born in 1978, graduated from the Military Medical Institute of the Federal Border Troops of the Russian Federation at the Nizhny Novgorod Medical Academy.

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Application of functional load procedures in the deadly disabled elderly persons for evaluation of indicators of the cardiovascular system at the steps of prosthetics

The problem of prosthetics of elderly patients (EP) has worsened due to the growing number of disabled people in the Russian Federation (RF), the aging of the population. Annually in RF, about 10,000 surgical interventions are performed in the case of lesions of the arteries of the lower extremities. The number of EP who needs prosthetic supplies has increased. To individualize the selection of technical means of rehabilitation (TMR), at the stages of learning to walk and use prostheses, it is necessary to conduct optimal functional tests (FT). The study aims, selection of the optimal FT with load in EP who underwent amputation at the level of the shin and thigh. We examined 54 patients who underwent at the level of the lower leg and thigh. Studies were carried out with modeling of the load using manual bicycle ergometry. A universal variant of the loading test is developed, the most informative for assessing the physical state of EP, identifying potentially dangerous rhythm disturbances and painless myocardial ischemia. All samples were monitored by electrocardiography, pulse oximetry. Severe circulatory failure (CF) was detected in seven patients (12.9%), persistent moderate in 35 patients (64.8%), and insignificant in 12 patients (22.3%). Patients with severe CF prosthetics were not performed, due to low FT and a high risk of complications in the stages of prosthetics. Patients with mild CF after choosing conservative treatment were successfully prosthetized. In the remaining 12 patients the results of FT with exercise helped to start prosthetics in the early period. The use of functional stress tests in disabled patients for assessment of the cardiovascular system at the stages of prosthetics, as well as adaptation to new living conditions, allows individualizing the selection of TMR, eliminating the risks of complications at the stages of prosthetics, and shortening the terms of rehabilitation.

Biography

R K Kantemirova is a Doctor of Medical Sciences (Dr. Med. Sci), Honored Head Therapy, Department of Clinic of Federal Scientific Center of Rehabilitation of the Disabled named after G.A. Albrecht. She is a Professor in the Department of Gerontology and Geriatrics from Northwestern State Medical University named after I.I. Mechnikov and Saint-Petersburg State University, and, Professor in the Department of Hospital Therapy from St. Petersburg, Russia.

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ABSTRACTS**

Evaluation of the effects of taking evening primrose oil (EPO) capsules from 38th week of pregnancy in nulliparous women (labor/induction/outcomes)

Amirkavian Moaveni

University of Kurdistan, Iran

Introduction: Evening primrose (*Oenothera biennis*) is a medical plant from North America. Evening primrose oil (EPO) contains gamma-linolenic acid (GLA) that stimulates the production of prostaglandins in body. It is believed initiate cervical ripening due to EPO. The aim of this study was to evaluate the effects of taking EPO from 38th week of pregnancy in nulliparous women on the type of delivery, induction need, duration of induction, labor duration, neonatal outcomes, quality of labor and maternal complications.

Methods: In double-blind randomized controlled trial performed in Sanandaj Besat Hospital, 440 nulliparous pregnant women in 38th week of pregnancy and with bishop score of <6 were divided randomly in to two groups (220 in each). First group took EPO 1g Q12h and next group took placebo. In the other part of the study women that did not enter to labor phase until 40th week of pregnancy from both groups, were evaluated during the induction by oxytocin to check the effects of EPO on induction and outcomes.

Results: Normal labor (vaginal or cesarean delivery) without needed of induction was occurred in 134 (60.9%) women of EPO group (15 C/S (11.19%) and 119 NVD (88.80%)) and 122 (55.45%) women of placebo group (21 C/S (17.21%) and 101 NVD (82.78%)). Frequency of cesarean section deliveries decreased significantly in EPO group compared with placebo group. 86 (39.09%) women from EPO group and 98 (44.54%) women from placebo group needed induction (oxytocin) for delivery that the rate of successful vaginal delivery was significantly higher in EPO group and duration of active phase, second stage and third stage of labor were shorter in EPO group. No significant difference of neonatal factors and outcomes (such as 1st and 5th min Apgar score/need for NICU admission) were found between the EPO and placebo groups.

Conclusions: This research showed significant positive results of taking EPO capsules from 38th week of pregnancy in nulliparous women, on the type of delivery (decrease cesarean section), length of labor, need for induction, duration of induction and success rate.

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Indications of hysterectomy for benign gynecological diseases at Moi teaching and referral hospital (MTRH), Kenya

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Hysterectomy is one of the most frequent gynecological surgeries performed on women and has been associated with significant risk of morbidity, lower quality of life and poor health outcomes. Approximately 20-45% of women will have a hysterectomy by the time they are between 60-70 years of age. Even though indications of hysterectomy have been widely reported, congruence of pre-operative clinical indications and post-operative pathologic diagnosis has received little attention. The objective of the study was to identify the benign indications for hysterectomy at MTRH, Kenya. In this hospital-based descriptive study, 76 women admitted for elective hysterectomy for benign conditions were systematically sampled. Questionnaire was administered to obtain patient demographics, and previous gynecologic history. Indications for hysterectomy were abstracted from patient's medical charts. Histopathology was done for tissue specimens after hysterectomy. Congruence between clinical diagnosis and histopathological diagnosis was done by calculating kappa. Mean age of hysterectomy was 45.2 years with standard deviation (SD) of 8.2. Majority had BMI range of 18.5-24.9 at 61 (81.3%); mean parity was 4.0 with SD 2.4. History of previous surgeries was positive in 19 (25.3%) while presence of comorbid diseases was noted in 9 (12.0%). The commonest indication of hysterectomy was symptomatic uterine fibroids at 56 (74.7%) with agreement with histopathology diagnosis (kappa 0.697, $p < 0.001$). In conclusion, majority of hysterectomies at MTRH were done on multipara women with normal BMI. The predominant indication of hysterectomy was symptomatic uterine fibroids with good agreement with histopathology result.

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Alzheimer most common geriatric diseases

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Alzheimer's disease (AD), the most common age-related neurodegenerative disorder (elderly people), is clinically characterized by progressive neuronal loss resulting in loss of memory and dementia. AD pathophysiology is degenerative disorder in the cerebral cortex, acetylcholine deficiency. The lesion begins at the level of the hippocampus (memory) and then gradually extend to the parietal cortex and then to the entire cortex. The objective of this work is to know the ways of management of Alzheimer's disease. In fact, there is no cure for Alzheimer's disease, so the chief goals of treatment are to maintain quality of life, maximize function in daily activities, enhance cognition, mood and behavior, foster a safe environment and promote social engagement, as appropriate. Key elements of a strategy to maximize dementia outcomes include regular monitoring of patient's health and cognition, education and support to patients and their families, initiation of pharmacologic and nonpharmacologic treatments as appropriate, and evaluation of patient/family motivation to volunteer for a clinical trial.

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Study of effectiveness of planned teaching programme on knowledge regarding palliative care among staff nurses

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The examination was completed to evaluate viability of planned teaching program on learning with respect to palliative consideration among staff nurses. The present study utilizes convenient sampling method to choose 150 staff medical nurses from various selected hospitals. The questionnaire used for study is comprised of demographic data of the participants and knowledge survey on palliative consideration. Lesson plan was created with the assistance of subject specialists. Pre-test was managed on the primary day and planned teaching program was executed around the same time. The post-test had been taken following seven days of pre-test. In results, data was examined utilizing IBM SPSS Statistics 22. The discoveries of the examination uncovered that there was a significant difference found among pre and post-test learning score $t=29.5$ ($p < 0.00$), subsequently the arranged teaching program was successful in improving medical nurses information. In conclusion, as palliative consideration is a significant part of nursing care, nurses should be taught on palliative care and educated about changes that are occurring in this entire area.

Prevalence and associated factors of pediatric emergency mortality at Tikur Anbessa specialized tertiary hospital: A five year retrospective case review study

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Background: Childhood mortality remains high in resource-limited third world countries. Most childhood deaths in hospital often occur within the first 24 hours of admission. Many of these deaths are from preventable causes. This study aims to describe the patterns of mortality in children presenting to the pediatric emergency department.

Methods: This was a five-year chart review of deaths in pediatric patients aged seven days to 13 years presenting to the Tikur Anbessa specialized tertiary hospital (TASTH) from January 2012 to December 2016. Data were collected using a pretested, structured checklist, and analyzed using the SPSS Version 20. Multivariate analysis by logistic regression was carried out to estimate any measures of association between variables of interest and the primary outcome of death.

Results: The proportion of pediatric emergency department (PED) deaths was 4.1% (499 patients) out of 12,240 PED presentations. This translates to a mortality rate of 8.2 deaths per 1000 patients per year. The three top causes of deaths were pneumonia, congestive heart failure (CHF) and sepsis. Thirty two percent of the deaths occurred within 24 hours of presentation with 6.5% of the deaths being neonates and the most common co-morbid illness was malnutrition (41.1%). Multivariate analysis revealed that shortness of breath [AOR=2.45, 95% CI (1.224-91)], late onset of signs and symptoms [AOR=3.22, 95% CI (1.34-7.73)], fever [AOR=3.17, 95% CI (1.28-7.86)], and diarrhea [AOR=3.36, 95% CI (1.69-6.67)] had significant association with early mortality.

Conclusion: The incidence of pediatric emergency mortality was high in our study. A delay in presentation of more than 48 hours, diarrheal diseases and shortness of breath were significantly associated with early pediatric mortality. Early identification and intervention are required to reduce pediatric emergency mortality.

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An international perspective in caregiving in Africa

Jude Chibuiké Kanu

Noble Hearts Care Foundation, Nigeria.

Caregiving is not a common term in Africa. No one talks about caregiving in Africa even though it is taking place on behalf of children, disabled and the elderly. Africans are yet to realize that anyone who is involved in providing care is a caregiver. Being a professional caregiver in Africa, the author saw the need to advocate for the people in my society who are incapacitated especially the elderly. Unfortunately, the journey has not been easy as so many factors affect the job or caregiving in Africa; from cultural beliefs, government neglect, caregiver burn out, poverty, security problems, and religious beliefs. In 2016, when author was posted to a rural community in Rivers State of Nigeria, the author realized that no attention is given to the elderly in our society, no care plans, no assisted living facilities or care homes, no retirement benefits or assistance. There has been increased untimely death among the elderly in Nigeria and Africa due to lack of the above. You can simply put that Africans do not age well especially those who cannot afford to travel abroad. The focus should be in Africa to rekindle hope for the elderly and everyone that needs assistance with the activities of daily living by advocating for care plans for the elderly in Africa so that people will no longer be afraid of getting old. Nanny agencies exist but those that operate such agencies are more concerned with making money and pay no attention to the quality of caregivers that they employ to people's homes. Hence the increasing rate of abuse, neglect and irresolvable misunderstanding. Africa needs investors and government to look into the care industry for a total overhauling and revolution. Assisted living facilities and care communities should be established at least in every states of every country in Africa. Retirement plans should be put in place and caregiver institutes/colleges should be established to produce new generations of African caregivers.

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End of life communication among cancer patients in low- and middle-income countries, perspectives of the patient, family and healthcare professionals: A qualitative systematic review

Justina Yevu Johnson

USA

Introduction: Palliative care and end of life communication is an important component of quality care at the end-of-life. Though there is a general agreement that end of life communication among patients, families, and healthcare professionals is key in quality end of life care, discussion about end-of-life is limited in low- and middle-income countries.

Objective: The review was to determine what factors influenced end of life communication among patients, family caregivers and healthcare providers in low- and middle-income countries.

Method: Systematic search of six databases was conducted, including CINAHL, Ovid, Scopus, Medline, PubMed, and Google Scholar. Inclusion criteria was primary published qualitative studies in developing countries about end of life communication.

Results: Out of the 100 articles initially identified only 5 met the inclusion criteria after using country specific names as a limiter due to the dearth of research on the topic in developing countries. Of the five articles included in the review, three were from Africa (Ethiopia, Tanzania, and Kenya), and two from South Asia (Bangladesh and India).

Synthesis of Evidence: The review generated three main themes; antecedents to end of life communication described the struggles to engage in end of life communication that arises when there is the diagnosis of life limiting illness; decision making was seen to be the sole prerogative of the family to the exclusion of the patient; disclosure of diagnosis was surrounded with controversy of healthcare providers lack of knowledge on disclosure and family's stance on protecting the patient from the psychological stress of the diagnosis.

Conclusion: Culture was found to have an overarching influence on end of life communication in low- and middle-income countries. Hence, an all-inclusive understanding of end of life communication care in a cultural context is essential, especially in low- and middle-income countries where end of life care is gaining a lot of attention. Central to end of life communication is the availability of culturally competent healthcare provider with adequate knowledge on who is ill enough to receive palliative care, how to communicate diagnosis, the limits of the responsibilities of family caregivers.

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Risk factors for loco-regional recurrence after breast conserving surgery: Impact of young age and surgical margin status in breast cancer patients

Mahtab Vasigh

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Introduction & Aim: Breast cancer is a common malignant tumor and treatment predominantly consists of surgery. Modern society has increased the demands of women to have higher requirements for breast appearance and quality of life. Therefore, exploring effective measures to control or reduce the rate of loco-regional recurrence (LRR) after breast conserving surgery (BCS) is the main focus of this study.

Method: This cohort included 743 consecutive patients with invasive breast cancer, treated with BCS in two centers in Tehran, Iran between 2005 and 2010. The primary endpoint was the rate of loco-regional recurrence in a five year follow-up period. We also investigated the factors that could predict LRR after BCS.

Results: The prevalence of LRR after BCS was 7.6% in a median follow-up of 56.9 months. The median time to local recurrence was 20.45 months. A correlation between follow-up outcome and age; histologic sub-type; surgical margin; number of positive nodes; complete pathologic response to neo-adjuvant chemotherapy; chemotherapy and hormone therapy was recognized. Surgical margin status, hormone therapy, histologic sub-type, age and Ki67 were shown to be significant risk factors for LRR in univariate analysis whereas surgical margin status emerged as an independent risk factor in multivariate analysis.

Conclusion: Increased LRR was observed among those with higher ki67, aged under 35, not receiving hormone therapy and with a surgical margin less than 2 mm. These factors appeared to be risk factors for LRR after BCS, while, histologic grade, axillary nodal status, tumor size and biologic sub-type did not predict LRR after BCS.

Knowledge and self-care practice in women with gestational diabetes mellitus at BPKIHS

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Background: Gestational diabetes mellitus is a public health issue and one of the causes of maternal and fetal mortality and morbidity. Awareness of the condition among antenatal women will translate into adoption of a healthy lifestyle, better healthcare-seeking pattern, better self-care practice, which prevents acute complications, reduces the risk of long-term complications and promotes pregnancy outcome.

Objectives: The study was aimed to assess the knowledge and self-care practice among the antenatal women with gestational diabetes mellitus.

Method: A descriptive cross-sectional study was conducted among 60 antenatal women who had GDM attending antenatal ward and OPD of BPKIHS by using purposive sampling method. Data was collected by interview method and analyzed using descriptive and inferential statistics at level of significance 0.05.

Result: The study findings revealed that 36.7% of the respondents were in the age group of less than 25 years and the mean age was 28.10 with standard deviation of 5.251. Among the respondents, 64.2% had completed secondary level education. The overall knowledge regarding GDM was good in 33.3%, average in 40% and poor 26.7%, whereas regarding self-care practice only 11.7% had good practice, majority of 80% had average and 8.3% had poor practice. And the relationship between knowledge, and practice was found statistically significant.

Conclusion: Most of the respondents had good knowledge regarding GDM but most of them did not have positive self-care practice though there is positive relationship that reflects the need of further support.

A randomized controlled clinical trial on comparing the efficacy of soy isoflavones and evening primrose oil in improving the symptoms of menopausal Filipino women seen at the outpatient department of a Tertiary Medical Center in Quezon City

Maria Kathrina S B Timbol, Anna Belen Ignacio-Alensuela and Lylah D Reyes

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Background: Menopausal hormonal therapy (MHT) remains the treatment of choice in relieving menopausal symptoms. However, some women are at risk to developing serious effects with its use. Current alternatives to relieve menopausal symptoms include soy isoflavones and evening primrose oil (EPO). But the available studies conducted to evaluate their efficacy remains insufficient.

Objective: The main objective of the present study is to compare the efficacy of soy isoflavones and EPO in improving the symptoms of menopausal Filipino women seen at the outpatient department of a Tertiary Medical Center in Quezon City.

Methodology: This is an open-label randomized controlled clinical trial involving 180 naturally menopause women randomized into two groups. There were 91 women who received 60 mg isoflavones and 89 who took EPO 1,000 mg per day for six months. Symptomatology was assessed using the menopause rating scale (MRS) at baseline, first, third and six months of treatment.

Results: The mean age of the participants is 48 years old with a mean gravidity and parity of two and average of one to four years of menopause. However, after three months of treatment, the isoflavone group showed a significantly lower MRS score for the somatic symptoms as compared to those in the EPO group (7.0 versus 8.0, $p=0.03$). The MRS score for somatic remained significantly lower for those who took isoflavones as compared EPO up to the 6th month of treatment (6.89 versus 7.92; $p=0.02$). In the same period, a significantly lower score for the urogenital symptoms was also observed among women in the isoflavones arm (6.73 versus 7.60; $p=0.01$). But when categorized according to severity of symptoms, there was no significant difference in the proportion of participants distributed per category between the two treatment arms.

Conclusion: Soy isoflavones at 60mg/day was found to be more effective than EPO in improving somatic and urogenital symptoms.

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First trimester post-abortal placenta increta: A case report

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Obstetrical hemorrhage is one of the leading causes of maternal morbidity and mortality in our country. The objective of this report is to present the case of a 30-year-old, gravida 3 para 1 (1021) who had persistent vaginal bleeding post dilatation and curettage due to missed abortion at 11 weeks gestational age. Differential diagnosis included retained product of conception, gestational trophoblastic neoplasia, uterine arteriovenous malformation, and placental accrete syndrome. This could be differentiated by beta human chorionic gonadotrophic hormone level and transvaginal ultrasound. What made the case interesting is the dilemma in the diagnosis. In a case of persistent vaginal bleeding after dilatation and curettage and with a previous history of cesarean delivery, an obstetrician will initially think of placenta accrete syndrome. But then initial diagnostic tests during admission, all pointed out to uterine arteriovenous malformation; due to the dilemma of the service team in clinching the diagnosis for a single disease entity, pelvic magnetic resonance imaging with contrast was done revealing a possible placenta accreta, but cannot totally rule out vascular tumor such as uterine arteriovenous malformation. Since patient was initially desirous of future pregnancy, she was scheduled for conservative CT angiography and continuous medical management. However, the patient still had persistent vaginal bleeding. Hence, an exploratory laparotomy, total abdominal hysterectomy was done. Specimen was sent for histopathology revealing a placenta increta. In the advent of technology, there is already a wide array of diagnostic work-ups and imaging modalities that can be used to make an appropriate diagnosis. The moral lesson in our case is that a clinical correlation and a high index of suspicion must be at all times considered above all. No matter how rare it is, it can still happen. No matter rare the condition, it should still be at the back of our minds.

Immunohistochemical (IHC) study of ER and PR status in breast carcinoma in women of Pakistan

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Objective: The main objective of the present study is to determine the association between estrogen (ER) and progesterone (PR) expression status along with histological grade of tumor in invasive ductal carcinoma (IDC) of breast in Pakistani patients.

Study Design: Experimental and observational study.

Materials & Methods: One hundred and six cases of various histologic types of breast cancer were included during two year period (January 2015 to December 2016), conducted at Histopathology Department of Chughtai Lahore Lab (Pvt.) Lahore Pakistan. We evaluated age, histologic tumor type, histologic tumor grade, ER estrogenic and PR progesterone receptors status by immunohistochemistry (IHC) along with information regarding tumor histologic grade of tumor in relation with status of estrogen receptor (ER) and progesterone receptor (PR) receptors status from breast cancer patients suffering from breast cancer.

Results: Results showed that 80% of cases were evaluated as invasive ductal carcinoma; remaining 20% cases included as other histologic tumor types. The age ranges from 23 years to 82 years. Twenty one patients <40 years with mean age of 32 years and 84 patients were >40 years of age with mean age of 55 years were recorded. Majority of the tumors were seen to be having grade II (56.6%) followed by grade III tumors (20.8%). However, no case was seen to be involved with grade I tumor. Positive expression of estrogen receptor (ER) and progesterone receptor (PR) expression are seen in 62% and 49% patients respectively.

Conclusion: In current study, age distribution among 106 patients concluded that women more than 40 years old had the highest higher incidence of breast carcinoma. Most dominant tumor type was invasive ductal carcinoma (IDC). Furthermore estrogen (ER) and progesterone (PR) positivity manifested more drift towards tumors of grade II tumors in comparison to tumors of grade I and grade III tumors.

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June 28-29, 2019 | Oslo, Norway

Pulmonary complication of dengue fever with pregnancy in port Sudan

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Dengue fever is the commonest arthropod - borne viral infection, that caused by a Flavivirus. There are four antigenic types of dengue virus; the virus is transmitted by *Aedes aegypti* mosquito. Since 2005, dengue fever occurred in a significant number in Port Sudan. In east Sudan, and at this time WHO consider Port Sudan as endemic area. Dengue fever in this area showed bad outcome in pregnancy due to pulmonary complication, so this descriptive study done in 36 pregnant women with dengue fever, who were developed respiratory symptoms throughout their hospital course. From those 36 patients, 75% was classic dengue fever, 13.7% dengue hemorrhagic fever, and 11.3% dengue shock syndrome. The pulmonary complication appears as pneumonia in 17 (47.2%) patients, pleural effusion in eight (22.2) patients, pulmonary embolism in eight (22.2%) patients, ARDS in three (8.3%) patients. Three (8.3%) were terminated chemically, five (13.9%) terminated by cesarean section and 28 (77.8 %) underwent normal vaginal delivery at term. These complications worsening the outcome, affecting both morbidity and mortality of dengue fever in pregnancy, so need early detection and standard interventions.

A systematic review regarding the emotional and psychological experiences of medically complicated pregnancies

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High-risk pregnancy refers to a pregnancy that negatively affects the health of the mother, the baby, or both, and evoking a range of emotional/psychological experiences. Research on high-risk pregnancy is predominantly found in the medical arena, while women's emotional/psychological experiences are not sufficiently documented. For this reason, the objective of this study was to examine the medical conditions and complications in the reviewed articles that make a pregnancy high-risk, while at the same time investigating the emotional/psychological experiences of women throughout their high-risk pregnancies. The systematic review examined qualitative studies, including the qualitative components of mixed method studies published between January 2006 and June 2017. The databases searched are EbscoHost, JSTOR, Sage Journals Online, ScienceDirect, SpringerLink, Sabinet, Scopus, Emerald eJournals Premier, Pubmed, as well as Taylor and Francis Open Access eJournals. The study evaluated the literature found on these databases for methodological quality by using three stages of review (i.e. abstract reading, title reading, and full-text reading) and applying a meta-synthesis to the current evidence on the research topic. The findings provide empirical evidence based on sound research that medical conditions and complications (i.e. HELLP syndrome, thrombophilia, gestational diabetes, maternal near-miss syndrome, fetal abnormality, preterm birth, hypertension, and uterine rupture) are associated with women's emotional/psychological experiences (i.e. fear, shock, feeling frightened, sadness, worry, alienation, frustration, grief, guilt, anger, ambivalence, despair, upset, loneliness and isolation, anxiety, depression, and PTSD) throughout their high-risk pregnancies. As a result of this, survivors of severe pregnancy complications have subsequent psychological and emotional challenges.

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June 28-29, 2019 | Oslo, Norway

What are the barriers for implementing psychosocial assessment in the private sector?

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Approximately 30-40% of obstetric women choose to deliver in the private sector in Australia. Compared to the public sector, women in the private sector are more likely to have an induction of labour, a caesarean section, an instrumental delivery and a longer postnatal stay. Obstetricians and midwives in the private sector note that the role of obstetricians in postnatal care is minimal. Psychosocial assessment, including depression screening, as part of perinatal care has been deemed good practice in the national clinical guidelines for perinatal depression and anxiety. However, little is known about psychosocial assessment in the private hospital sector. The primary aim of this study was to establish what is known about such assessment for women who choose private obstetric/maternity and postnatal care, particularly the availability and appropriateness of referral pathways and barriers to implementation. The study included implementing psychosocial assessment as part of the booking-in process at a regional private hospital in NSW. This presentation reports on the barriers encountered in introducing psychosocial assessment to the pilot site. Recommendations for how to identify and overcome some of these barriers will be presented, with the aim of facilitating the introduction of this assessment at other private hospitals. Access to information on risks to maternal and infant health is considered as fundamental privilege of antenatal care. Routinely assessing and measuring psychosocial risks and mental disorders are essential activities in evaluating the need to provide appropriate and timely responses to identified risks, to reduce infant mortality, preterm births and low birth weight infants. The perinatal period provides a unique opportunity to identify and intervene in perinatal anxiety and depression, partner violence, substance use problems, unresolved loss and other traumatic history. There is an increasing move internationally to standardize and make routine the psychosocial assessment and depression screening of all pregnant women.