Poster #39

A multi-institutional review of tumor lysis syndrome in gynecologic cancers: The importance of immediate diagnosis and treatment

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Objectives: To describe the incidences, trends, common clinical and laboratory findings, treatment strategies and outcomes associated with tumor lysis syndrome (TLS) in women with gynecologic cancer (GOC).

Methods: A retrospective multi-institutional cohort study of women with gynecologic malignancy that received inpatient treatment of acute TLS was assembled. Patient data was collected from two large academic sites in different states. Cases were included if women with new or established GOC presented with elevated serum uric acid and was managed with intravenous rasburicase, a uric oxidase inhibitor. Descriptive analysis of patient characteristics, clinical factors, laboratory findings, treatment and outcome data was performed.

Results: From institution A, pharmacy records identified 1,134 inpatients from 2008-2018 receiving an inpatient dose of Rasburicase were screened. Of those, 344 (30.34%) were women and of those 307 women had a known malignancy, 15 were found to have GOC reflecting an approximate 5% proportion of women with of TLS. From institution B, an informatics agency queried the medical record system from the dates of 2014-2018 using the patient inclusion criteria and three additional patients were identified, totaling N=18 patients meeting inclusion criteria.

High-grade gynecologic malignancies were found in nearly all cases, n=17, 94.4%. The most common sites were ovarian (n=8, 53.3%) and uterine (n=6, 35.3%). The majority were Caucasian (n=11, 61.1%) with median age at admission of 60 (range: 35-71), and mean BMI of 39.9. A majority (n=12, 70.6%) of TLS diagnosis was made at the same time of GOC diagnosis, the remainder were made at the time of recurrence. TLS was diagnosed following chemotherapy in n=7 (38.89%) of cases; six treated with taxol and, interestingly, two of the seven cases, 28.6%. were treated with a CD47 inhibitor. One case was associated with major surgery and radiation. Chief complaints included electrolyte and renal issues (n=11, 73.3%). Mean peak serum creatinine, potassium, uric acid, and phosphorus levels were 5.11mg/dL, 5.66mEq/L, 14.16mg/dL, and 6.78mg/dL and the mean serum calcium nadir was 8.33mg/dL. On average, 2 doses of rasburicase were given by hospital day(d) 2 of a median 9 d(range: 4-16d) admission. Full laboratory recovery occurred in 6 (40%) cases and the remaining 9 were placed on hospice during their admission with 3 (20%) deaths occurring as inpatients. Median OS is 29 (range: 2-398) d following diagnosis of TLS and median time to death, in those that died was 21 (range: 3-87) d.

Conclusions: TLS, though rare in solid tumors, can be associated with GOC. Early recognition of unique presenting symptoms, laboratory findings and subsequent urgent treatment may help with electrolyte recovery; however, TLS associated with GOC may herald a rapidly deteriorating state with significant associated mortality.

doi:10.1016/j.ygyno.2019.03.144

Poster #40

Provider perspective on medical marijuana in oncology

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Objectives: New medical marijuana (MM) laws in Oklahoma and across the nation are trending towards support of medical marijuana for certain medical issues. The relative lack of high-quality evidence on MM and the lack of standardized training in professional school may leave practitioners ill prepared for their patients request. The specific aims of this study were to survey current oncology professionals at the Stephenson Cancer Center in Oklahoma City to assess how comfortable oncology professionals were with prescribing and using medical marijuana in oncology treatments.

Methods: This is a cross-sectional survey study done at the Stephenson Cancer Center in Oklahoma City, OK. A voluntary survey study was sent to all oncologist, PA/NP and pharmacist working in the Cancer Center using an electronic list serve. All survey data was collected using a survey tool in REDCap. Relationships between categorical variables were assessed using Fisher's exact test. We identified 119 possible participants and had a response rate of 34% n=41.

Results: We found that most provider do have an interest in prescribing MM (70.7%) compared to having no interest or being unsure (30.3%). Most providers showed interest in recommending MM however an also large proportion felt they had insufficient knowledge to recommend MM (76.9%). Oklahoma recently passed new laws allowing prescription of MM however only 7.5% of provider felt they had a comprehensive knowledge of the new laws and 35% of provider had no or limited knowledge of the laws. Many providers are looking to the Stephenson Cancer Center, University of Oklahoma or OK Medical Board to provide guidance in recommending MM. 82% of providers felt that there has been a modest to significant increase in patient interest in being prescribed MM. Some of the medical conditions' providers felt the strongest about using MM were poor appetite, nausea, chronic pain, and poor sleep.45% felt that MM could reduce polypharmacy and 69% felt MM could be beneficial in decreasing opioid dependency in oncology treatments. 27% of our respondents were Gynecology Oncologist.

Conclusions: This study supported the fact that many providers were interested in prescribing or recommending MM to their patients. In the limited time since the new law changes providers are seeing a higher demand from patient requesting to be treated with MM. However, providers feel ill prepared to counsel their patients appropriately. Most providers are getting their information from high quality peer reviewed journals however there is relatively small amount of high-quality evidence on the use of MM in the treatment of common medical issues associated with cancer and oncology treatments. Providers are looking to their programs and governing bodies to fill in the knowledge gaps. This study may help in promoting the need for further high-quality studies to guide their practice.

doi:10.1016/j.ygyno.2019.03.145

Poster #41

Comparison of short and long interval flush maintenance for implanted catheters in gynecologic malignances

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Objectives: To determine if the time interval between heparin flushes performed for maintenance of implanted venous access catheters influences complication rates that necessitate removal of the device

Methods: Records for all patients with gynecologic malignancies who had implanted venous access catheters placed between 2010 and 2017 at a single institution were reviewed. Those who completed