

**Methods** Data were retrospectively collected from November 2017 to November 2019 in two Italian oncologic Institutes: Regina Elena Institute and Fondazione Policlinico Universitario Agostino Gemelli. ECT was offered in a palliative setting to patients with a primary or recurrent vulvar cancer diagnosis unsuitable for surgery or any other treatment, because of poor performance status or previous delivered treatments. All patients underwent general anaesthesia. Intravenous Bleomycin was administered. Follow-up examinations were performed at 1, 3 and 6 months.

**Results** 15 patients were included in the study. No intra-procedure complications occurred. 1 patient had pneumonia during post-operative stay. 1-month overall response rate (2 CR and 10 PR) was 80%. At 3-month follow-up, 3 patients (20%) showed PD, 3 patients (20%) died from the ongoing disease, 1 patients (6.7%) died for other reasons, whereas the other patients maintained their 1-month clinical response. 8 out of 13 patients (61.5%) were alive at 6-month follow-up, whereas 6 out of 12 patients (50%) were alive at 1-year follow-up.

**Conclusion** ECT has proven to be a feasible, easy to perform, reproducible and repeatable procedure. For these reasons, it may have a role in the management of VC, especially as palliative treatment when other therapies are no longer applicable.

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### 436 CLEAR CELL CARCINOMA IN 13 YEAR-OLD GIRL WITH NO HISTORY OF DISTILBEN EXPOSURE

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**Introduction** Clear cell carcinoma of the vagina (CCV) is a rare entity in the pediatric population. It is usually reported to have been associated with an intrauterine exposure to Diethylstilbestrol (DES). CCV with no exposure to DES arise in older women. Our case is unique because it reports a CCV in young girl with no history of DES exposure.

**Case Report** We report a case of 13-year-old girl with no history of intrauterine exposure to DES. She was reported to



Abstract 436 Figure 1

our department for a vaginal bleeding evolving since 8 months and wrongly mistaken for the menarche.

Clinical examination showed a vaginal mass invading the lower third of the vagina, the hymen was intact. Body scan found suspect pulmonary nodes. Biopsy concluded to CCV. She first had chemotherapy with taxoter and carboplatin regimen then concomitant chemotherapy and radiotherapy. The clinical and radiological response was partial. She underwent a pelvic exenteration and pulmonary lobectomy. Histology showed a CCV in both surgical specimen with free margins and one metastatic lymph node to lombo-aortic chain. Actually the patient is free of disease after 3 months of follow-up.

**Conclusion** No DES-exposure CCV shows a bimodal age distribution with a first peak in latest twenties and the second in 7th decade. Our case is unique due to the early age of our patient. The treatment was not standard due to the young age of the patient too. Further cases should be studied to elaborate adequate guidelines.

## IGCS20\_1476

### 438 THE USE OF NEOADJUVANT CHEMOTHERAPY IN ADVANCED ENDOMETRIAL CANCER

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**Objective** To review the use of neoadjuvant chemotherapy (NACT) followed by interval cytoreductive surgery in patients presenting with advanced, unresectable endometrial cancer at two large cancer centers.

**Methods** In this retrospective cohort study, patients with advanced endometrial cancer treated with neoadjuvant chemotherapy between 2008 – 2015 were identified from an institutional database. Clinical and surgical variables were analyzed and time to recurrence and death was calculated and compared between surgical groups.

**Results** Thirty-three patients were identified (mean age 64.8 (range 42–86 years)). Overall, 28% of patients had endometrioid histology, 48% serous, 4% clear cell, 4% carcinosarcoma, 12% mixed and 4% other. Ineligibility for primary surgery was due to unresectable disease (85%), comorbidities (6%) and unknown reasons (9%). All patients received NACT with 91% of patients receiving carboplatin and paclitaxel. On reimaging, 12% of patients had progressed, 76% had a partial response and 3% had a complete response to chemotherapy. 76% of patients underwent interval surgery, with cytoreduction to no visible residual disease achieved in 52%. Overall, 91% of patients recurred and 85% died during follow-up. Patients undergoing surgery after chemotherapy had significantly longer progression-free survival (11.53 vs. 4.99 months,  $p=0.0096$ ) and overall survival (24.13 vs. 7.04 months,  $p=0.0042$ ) when compared to patients who did not have surgery.

**Conclusions** Neoadjuvant chemotherapy is a feasible treatment option to allow for interval cytoreductive surgery in patients with advanced endometrial cancer not amenable to primary debulking. Patients who undergo surgery after chemotherapy have significantly improved progression free and overall survival.

## IGCS20\_1477

### 439 PRIMARY SYMPTOMS IN WOMEN WITH DIFFERENT HISTOPATHOLOGICAL SUBTYPES OF GYNAECOLOGICAL SARCOMA – RESULTS OF A PROSPECTIVE INTERGROUP REGISTRY FOR GYNAECOLOGICAL SARCOMA (REGSA – NOGGO RU1)

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**Introduction** Gynaecological sarcomas are rare and there is very limited evidence about symptoms at primary diagnosis. Most knowledge is based on retrospective analysis.

**Methods** We present data of 410 patients (pts) in the primary situation. Overall, 87.91% of pts had documented symptom data, which were analysed descriptively. A distinction was made between pre- (prem., ≤52 yrs) and postmenopausal (postm., >52 yrs.).

**Results** The average age of pts was 56 yrs (range 15–88 yrs). Leiomyosarcoma (LMS) was diagnosed in 44.7%, endometrial stromal sarcoma (ESS) in 26.6% (62.6% low grade (LG-ESS) and 37.4% high grade (HG-ESS)). Undifferentiated sarcoma (US) and adenosarcoma (AS) were observed in 5.7% and 8.7% respectively. In prem. and postm. pts with LMS, the leading symptom (LS) was abdominal pain (ap) in 34.4% and 39.5% respectively. In prem. HG-ESS the LS were ap and bleeding disorders (bd) in both 33.3%. In postm. HG-ESS and prem. LG-ESS the LS was vaginal bleeding (vb) in 29% and 33.3% respectively. In prem. AS the LS was ap in 27.3%, whereas in postm. AS it was postmenopausal bleeding (pb) in 29.2%. In prem. US the LS were bd and vb both at 66.7%. In postm. US the LS was ap in 47.4%.

**Conclusions** We analyzed the LS of different histopathological subtypes in primary gynaecological sarcoma for the first time. Bleeding disorders and abdominal pain are the main symptoms in all subtypes. Symptoms are heterogeneous and about every 5th woman reported unspecific symptoms. This underlines the importance of awareness for gynaecological sarcoma.

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### 440 DESMOID TUMOR OF THE BREAST AFTER MASTECTOMY FOR BREAST CANCER, A CASE REPORT

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**Introduction** Desmoid type fibromatosis from the breast is an extremely rare benign tumor (representing <1% of all breast tumors). It arises in the deep soft tissues and originates from fibroblasts and myofibroblast. This type of tumor has no metastatic potential, but it is known to be locally aggressive with high recurrence potential. It presents a diagnostic challenge as it cannot be accurately differentiated from carcinoma based on imaging alone; therefore, histological evaluation is imperative for its diagnosis and further treatment.

**Case** We present a case of a 52-year-old female with a history of invasive ductal carcinoma treated with bilateral mastectomy, who underwent an MRI for surveillance showing a 4 cm mass on her right chest wall highly suspicious for recurrent breast carcinoma. Subsequent excision was performed showing a desmoid-type fibromatosis with negative margins.

**Conclusion** While this type of tumor is benign, given its infiltrative characteristics and limitation on radiographic diagnosis, surgical excision with clear margins is essential to reduce the risk of local recurrence and to rule out a malignant entity.

## IGCS20\_1479

### 441 COMPARATIVE STUDY OF THE HPV IMPACT PROFILE (HIP) INTERPRETATION METHODS IN LEBANESE WOMEN WITH HUMAN PAPILLOMA VIRUS OR ASSOCIATED LESIONS

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**Objectives** HPV associated lesions heavily influence the patients' psychological health. Merck and coll. developed the HPV Impact profile (HIP) questionnaire to quantify this impact. Previously, while translating this questionnaire to Arabic and validating it in the Lebanese population, we had encountered several issues with its interpretation scheme. This article aims to study the psychometric properties of other proposed schemes found in the literature in order to choose the most adapted one for the Lebanese population.

**Methods** The Arabic versions of the HIP and HADS questionnaires were administered to 118 Lebanese women presenting for an HPV related consultation. The psychometric properties of the initial domains were studied before and after reverse scoring 8 items carrying a positive connotation ('adapted domains') and compared to those of two other item distributions created by Santos et al.

**Results** Most of the initial domains presented weak alpha Cronbach coefficients and internal consistency. Reverse scoring 8 items considerably improved the coefficients of 6 of the 7 domains. Both of Santos et al.'s distributions had good coefficients. Nevertheless, by modifying and combining these