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434 CORRELATION OF ENDOMETRIAL TUMOR DNA MISMATCH REPAIR STATUS AND MELF-PATTERN INVASION

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Introduction Endometrial adenocarcinoma is the most common gynecologic malignancy in the United States. Between 10–30% of endometrial adenocarcinomas exhibit microsatellite instability (MSI), a type of genetic hypermutability that results from impaired DNA mismatch repair (MMR). On pathologic review, MSI can be indirectly identified by immunohistochemical (IHC) staining for deficient MMR protein expression. Another component of pathologic review is to assess for microcystic, elongated, and fragmented (MELF) pattern of invasion, characterized by a fibromyxoid stromal reaction and the formation of microcysts. To date, there are no studies assessing the correlation of MMR status and MELF-pattern invasion in endometrial adenocarcinoma.

Methods We performed an IRB-approved, retrospective review of medical records and pathology slides of surgical cases of endometrioid endometrial adenocarcinoma between January 2016 and January 2020.

Results Our results did not demonstrate a correlation between MMR mutation status and the presence of MELF-pattern invasion. The presence of MMR mutation was associated with age, stage of disease, and a history of stroke. The presence of

MELF-pattern invasion was not associated with various clinical factors or comorbidities.

Conclusions Our study did not demonstrate a relationship between MMR status and presence of MELF pattern invasion. We also did not re-demonstrate prior findings that MELF-pattern invasion is associated with higher rates of lymph node metastases or lymphovascular space invasion (LVSI). Future directions include investigation into the relationship among MMR and age, stage of disease, and history of stroke, as this could potentially impact treatment planning.

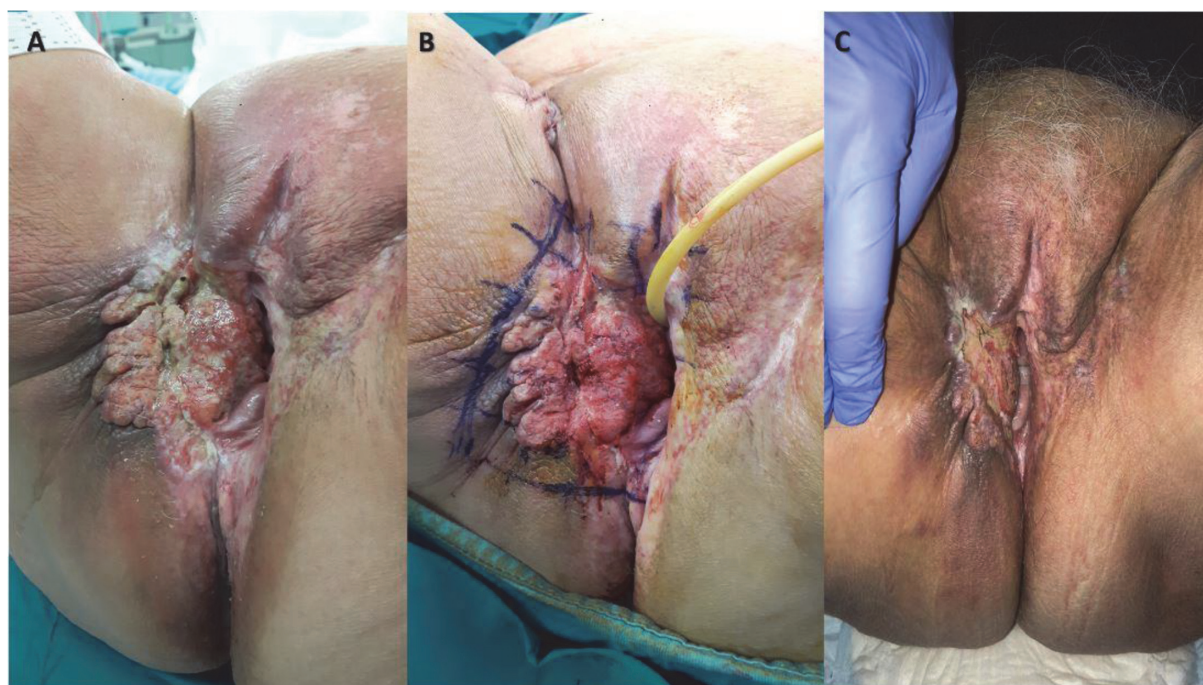
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435 PALLIATIVE ELECTROCHEMOTHERAPY IN VULVAR CANCER: A DOUBLE INSTITUTION STUDY AND REVIEW OF THE LITERATURE

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Introduction The aim of this study is to revise the experience of two reference centers for vulvar cancer treatment during the last 2 years, evaluating the ECT procedure in terms of clinical outcome and side effects profile.



Abstract 435 Figure 1

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 Distilben (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.

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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.