Methods EPIK-O/ENGOT-OV61 (NCT04729387) is a phase 3, randomized (1:1), open-label, active-controlled trial evaluating the efficacy and safety of alpelisib + olaparib versus single-agent chemotherapy in patients (N≈358) with no germline BRCA mutation, platinum-resistant/refractory HGSOC. Adult women with platinum-resistant/refractory, histologically confirmed HGSOC, high-grade endometrioid ovarian, fallopian tube, or primary peritoneal cancer, with no germline BRCA1/2 mutation, are included; patients must have received 1–3 prior systemic therapies. In Arm 1, patients receive alpelisib 200 mg orally OD + olaparib 200 mg orally BID; in Arm 2, patients receive paclitaxel 80 mg/m^2 IV weekly or pegylated liposomal doxorubicin 40–50 mg/m^2 IV Q28D (investigator's choice). The primary endpoint is progression-free survival per radiologic tumor assessment (RECIST 1.1) by a blinded independent review committee. Key secondary endpoint is overall survival. Other secondary endpoints include overall response rate, clinical benefit rate, safety, and quality of life.
Results Enrollment is planned in 28 countries; completion of data collection for the primary endpoint is anticipated in 2023.
Conclusions Not applicable.

EPV280/#317 A BIZZARE CASE OF ECTOPIC MOLAR PREGNANCY IN BROAD LIGAMENT PROGRESSING TO GTN

[1]D Raina*, [2]P Tiwari, [3]A Kumari, [1,2]D Gupta. *[1]Sumitra Hospital, Gynecology and Obstetrics, Noida, UP, India; [2]Artemis Hospital, Medical Oncology, Gurugram, Haryana, India; [3]Dr Lal Path Labs, Pathology, New Delhi, India*

10.1136/ijgc-2021-IGCS.351

Objectives Molar pregnancy occurring at an ectopic site is a rare phenomenon. Such cases are mostly found either in fallopian tubes, uterine cornua or in the ovaries. Only one case of broad ligament molar pregnancy has been reported in literature so far and ours being the first case of a broad ligament ectopic molar pregnancy progressing to GTN. This case report is being presented with the objective of raising the awareness of molar pregnancies occurring at ectopic sites and highlighting the importance of follow-up for such rare cases.
Methods A suspected case of ruptured right tubal ectopic pregnancy presented to emergency with suspiciously high beta HCG level of 85000 mIU/ml. Intraoperatively a distinct mass, separate from uterus and fallopian tube measuring around 8 cms was seen between the leaves of broad ligament. Right salpingo-ophorectomy with excision of broad ligament and right pelvic peritoneum was done. On final histopathology, a diagnosis of broad ligament ectopic complete molar gestation was made.
Results Because of high initial beta HCG levels, large size of ectopic molar mass and fear of losing the patient to follow-up, prophylactic chemotherapy with single agent methotrexate 50 mg alternating with folinic acid was started. After a brief fall, post surgery, beta HCG started rising for three consecutive weeks despite continued chemotherapy. Gradually with dose modification of methotrexate to 75 mg (6 cycles) she responded and continues to be in remission after seven months.
Conclusions This bizzare case clearly substantiates the existence of such rare conditions and also reinforces the importance of follow-up.

EPV281/#407 SINGLE-DOSE METHOTREXATE IN THE TREATMENT OF LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA – AN UPDATED RESULTS

SF Ngu*, KY Tse, MYM Chu, PNH Sheung, KLK Chan. *The University of Hong Kong, Queen Mary Hospital, Department of Obstetrics and Gynaecology, Hong Kong, Hong Kong PRC*

10.1136/ijgc-2021-IGCS.352

Objectives Low-risk gestational trophoblastic neoplasia (GTN) with WHO prognostic score of 0 to 6 has high cure rate. The aim of the study was to evaluate the effectiveness of single-dose methotrexate infusion in women with low-risk GTN.
Methods In this single centre retrospective cohort study, 115 women with low-risk GTN were treated between January 2000 and October 2019 with an intravenous bolus of 100 mg/m^2 of methotrexate followed by a 12-hour infusion of 200 mg/m^2. Serum human chorionic gonadotropin (hCG) levels were monitored weekly. If the hCG level dropped by 10-fold after 2 weeks, no further chemotherapy was given. Otherwise, chemotherapy was continued 2-weekly until 3 cycles post-normalisation of hCG. Characteristics between the 2 groups with or without complete remission with this regimen were compared.
Results All 115 women with low-risk GTN were cured. The overall complete remission rate with methotrexate was 85.2%, with 60.9% of women requiring a single-dose of methotrexate alone, and 24.3% requiring continuation of chemotherapy with 2-weekly methotrexate. 14.8% of women had unsatisfactory response with methotrexate alone and were cured with combination of methotrexate and actinomycin-D. The pre-treatment hCG levels were significantly lower in women who were cured with single-dose methotrexate regimen compared to those who failed this regimen (median hCG 1227 versus 3335 IU/L; P = 0.037).
Conclusions Single-dose methotrexate regimen offers an effective option for women with low-risk GTN and a low pre-treatment hCG level.

EPV282/#442 CASE REPORT: CHORIOCARCINOMA PRESENTED AS A VAGINAL TUMOR

[1]A Al -Ansari, [2]H Khaldi, [3]MT Alsayed, [4]S Alhyassat, [5]H Almalik, [4]A Al Rashid, [4]S Rashid, [2]JJO Herod. *[1]wwrc, Gyn Oncology, Doha, Qatar; [2]Hamad Medical Corporation, Women Wellness and Research Center, Doha, Qatar; [3]Hamad Medical Corporation, Women Wellness and Research Center, DOHA, Qatar; [4]hamad medical coorporation, Pathology, Doha, Qatar; [5]NCCCR, Oncology, Doha, Qatar*

10.1136/ijgc-2021-IGCS.353

Objectives Choriocarcinoma is a highly vascular tumor of the trophoblast with immense metastatic potential to the lung, liver, brain or vulva. Next to the lung, vulvo-vaginal metastasis comprises 30% of all metastatic incidences. Metastasis in this region is often misleading in its initial appearance. Here we present case of vaginal metastasis of choriocarcinoma which was misdiagnosed initially.

Methods 36 years old, referred to our emergency department at the beginning of January 2020 as suspected ectopic pregnancy on ultrasound and plateauing BHCG of 1012mIU/ml. had 5 weeks amenorrhea, no vaginal bleeding, her Last delivery was vaginally in august 2019. Was given methotrexate 2 doses, with no response, a diagnostic laparoscopy, and examination under anesthesia done, which found no ectopic pregnancy and a 5x3cm vaginal mass noticed. Biopsy taken showed choriocarcinoma. Started on combination chemotherapy, responded well her BHCG became <1, still under follow up.
Results Vaginal metastasis of trophoblastic tumor may occur even after vaginal delivery. This case was erroneously diagnosed as ectopic pregnancy and diagnosed during surgical intervention. Chemotherapy is the treatment of choice with a favorable prognosis. Regarding prognostic scoring, vaginal metastasis should be considered as a poor prognostic factor. Different studies in this context thus directly recommended combination chemotherapy as their first choice.
Conclusions While dealing with a case of vaginal mass with a history of antecedent pregnancy and rising BHCG, possibility of metastatic choriocarcinoma should be considered and investigate accordingly. Prompt diagnosis and early treatment with combination chemotherapy may thus save many lives.

EPV283/#72 DEVELOPMENT OF A GESTATIONAL TROPHOBLASTIC NEOPLASIA REGISTRY AND PROTOCOL IN AN OBGYN RESIDENCY IN RWANDA

[1]L Bazzett-Matabele*, [2]B Dushimiyimana, [3]G Uwitonze, [4]T Sebazungu, [4]D Ntasumbumuyange, [4]S Rulisa, [5]M Small, [6]U Magriples, [7]R Ghebre. *[1]University of Botswana, Obgyn, Gaborone, Botswana; [2]Ruhengeri District Hospital, Obgyn, Ruhengeri, Rwanda; [3]Kibagabaga District Hospital, Obgyn, Kigali, Rwanda; [4]University of Rwanda, Obgyn, Kigali, Rwanda; [5]Duke University, Obgyn, Durham, USA; [6]Yale University, Obgyn, New Haven, USA; [7]University of Minnesota, Obgyn, Minneapolis, USA*

10.1136/ijgc-2021-IGCS.354

Objectives Gestational Trophoblastic Neoplasia (GTN) cure rates reach >90% in settings where early diagnosis and management strategies exist. GTN is more common in African countries, where many factors effecting outcomes are not readily available. To address the high prevalence of invasive molar pregnancies in Rwanda we developed training in sonographic recognition, clinical diagnosis and management of GTN in the largest teaching hospital in Kigali, Rwanda.
Methods We evaluated our approach to GTN management in the largest tertiary care teaching hospital in Rwanda.
Results A patient registry of GTN patients was created with gynecologic oncology specialists. From October 2015 to June 2019 we identified 108 patients with GTN, 80 of which were diagnosed with invasive mole. Residents at all levels received training in ultrasound recognition of invasive versus noninvasive mole characteristics, GTN staging and scoring, methotrexate dosing and toxicity, B-hCG monitoring and identification of high risk or resistant disease. Residents were also trained in the appropriate use of hysterectomy in the management of Gestational Trophoblastic Disease.
Conclusions Recently trained OB/GYN residents practicing at hospitals countrywide are now able to identify and refer appropriate patients to the GTN center at the university teaching hospital in Kigali, Rwanda. Based on these results we feel that appropriate GTN diagnosis and management can be taught in a low resource setting, even outside of the university teaching hospital, to improve patient outcomes despite limited resources.

EPV284/#238 THE EARLY DETECTION OF VULVAR CANCER THROUGH SELF-EXAMINATION (EDUCATE) STUDY: WHAT WOMEN AND CLINICIANS THINK

[1]VN Sivalingam*, [1]K Tamber, [2]J Newsham, [2]S Ogden, [3]U Winters, [4,5]FM Walter, [1]RJ Edmondson, [1]EJ Crosbie. *[1]University of Manchester, Division of Cancer Sciences, School of Medical Sciences, Manchester, UK; [2]Salford Royal NHS Foundation Trust, The Dermatology Centre, Manchester, UK; [3]Manchester University Hospitals NHS Foundation Trust, Colposcopy and Gynaecological Oncology, Manchester, UK; [4]University of Cambridge, Department of Public Health and Primary Care, Cambridge, UK; [5]Queen Mary University of London, Institute of Population Health Sciences, London, UK*

10.1136/ijgc-2021-IGCS.355

Objectives Rates of vulvar cancer are increasing globally. Early detection reduces surgical morbidity and prolongs survival. Although population screening has no role, vulvar self-examination may prompt early diagnosis in high-risk women. UK guidance promotes self-examination in women with high-risk vulvar conditions, but there is a lack of evidence about current practice, acceptability and barriers to vulvar self-examination.
Methods Clinician questionnaires were completed at a UK vulvar conference. Patient questionnaires (incorporating vulvar self-examination and cancer awareness) were distributed through patient networks and clinics.
Results All ninety-eight clinicians agreed that self-examination plays an important role in detecting sinister vulvar changes in high-risk women. 87% recommended monthly self-examination and 81% provided one-to-one teaching despite believing that few patients practised self-examination. 455 patients (median age 58 years) with lichen sclerosus(69%), lichen planus(13%), vulvar cancer(14%) and VIN(13%) participated. Clinic respondents(n=197) were older(median 65 vs 52 years, $p<0.001$) and 65% reported self-examining compared with 86% of online respondents($p<0.001$). Despite regular self-examination, 40% were not confident about recognising vulvar abnormalities. Lack of awareness(38%), confidence(31%) and physical difficulties visualising the vulva(32%) were top barriers to self-examination. Face-to-face specialist teaching was regarded as the best way to learn self-examination but only 9% of patients reported receiving this. Patients agreed that a magnified, extendable mirror and photographs depicting sinister changes would aid self-examination.
Conclusions Patients and clinicians recognise that vulvar self-examination is important in early detection of cancer, but a lack of formal teaching impairs confidence in the identification of abnormalities. Visual aids may facilitate self-examination but should be reinforced by education and support.

EPV285/#322 HUMAN LEUKOCYTE ANTIGEN-G EXPRESSION IN VULVAR SQUAMOUS CELL CARCINOMA

[1,2]N Boujelbene*, [2,3]I Zemni, [2]W Babay, [2]H Ben Yahia, [2]S Dhouioui, [1]K Mrad, [2]HI Ouzari, [1]L Charfi, [2]I Zidi. *[1]Salah Azaiez Institute of Cancerology, University of Tunis El Manar, Department of Pathology, Tunis, Tunisia; [2]University of Tunis El Manar,Sciences Faculty of Tunis, Laboratory of Microorganismes and Active Biomolecules, Tunis, Tunisia; [3]Salah Azaiez Institute of Cancerology, University of Tunis El Manar, Department of Surgical Oncology, Tunis, Tunisia*

10.1136/ijgc-2021-IGCS.356