

vertebral bodies and S1 and S2 vertebrae. HU measurements of the trabecular bone were then converted to quantified CT measurements (qCT) using the equation $qCT = 17.8 + (0.7 \times HU)$. T-test for unequal variance was used to assess for statistical difference between the 2 cohorts, with 2-tailed significance testing taken as $p \leq 0.05$.

Results The 2 cohorts were well matched for age (median 58 years nonPIF vs 59 years PIF) and for BMI (26.5 for nonPIF vs 26 for PIF). There was a consistent trend toward lower measurements of Hounsfield units and calculated qCT values for the PIF group compared to the nonPIF group. The differences reached statistical significance for measurements of sacral bones (see table 1). In the PIF group 96% (22/23) of PIFs were in the sacrum.

Abstract 2022-RA-1308-ESGO Table 1

	Non PIF	PIF	2 tailed p-value for T-test
median qCT L2/L4	114.2	108.6	0.068
median qCT L5	123	104	0.067
median qCT S1	104.8	82.8	0.019
median qCT S2	82.6	61.5	0.017

Conclusion Pelvic radiotherapy increases the risk of PIFs which can impact on quality of life. The planning CT scan can provide data to help identify patients who are at higher risk. This could allow preventive measures post RT to be considered such as lifestyle advice and bone protection agents.

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SEVERE ANAEMIA FOLLOWING FRONTLINE MAINTENANCE WITH IPARP IN A BRCA1 MUTATED HIGH-GRADE SEROUS OVARIAN CANCER: AN UNEXPECTED FOE

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Introduction/Background Maintenance with PARP inhibitors (iPARP) has become standard of care for patients suffering from high-grade serous ovarian cancer (HGSOC). Patients harbouring germline BRCA1/2 mutations responding to platinum-based chemotherapy benefit the most from iPARP. Treatment with iPARP can rarely be associated with severe long-term toxicities including myelodysplastic syndromes (MDS) and acute myeloid leukaemia (AML).

Methodology A 74-year-old patient with stage FIGO IIIC HGSOC was treated with six cycles of carboplatinum and paclitaxel chemotherapy, interval macroscopically complete surgical cytoreduction, followed by a two-year maintenance treatment by olaparib. One month after completion, she complained of severe fatigue, shortness of breath and palpitations.

Results She was diagnosed with severe microcytic anaemia, mild lymphocytopenia and normal platelet count. The

injected thoraco-abdominal and pelvic CT-scan ruled out interstitial lung disease, HGSOC recurrence and other primary malignant localization notably without liver nor lymph node involvement. Further haematological workup detected iron-deficient regenerative anaemia and the blood smear ruled out an MDS/AML. The endoscopic gastrointestinal assessment by gastroscopy and colonoscopy detected an ulcerated right colic tumour with active bleeding. The patient underwent laparoscopic right colectomy. The pathological assessment confirmed a grade 3, pT2 pN0 (0/17) cM0, sporadic mismatch deficient (dMMR), intestinal adenocarcinoma, harbouring a c.1799T>A (p.Val600Glu) exon 15, BRAF mutation.

Conclusion This report underlines the importance of a comprehensive differential diagnosis for blood-associated toxicities in the aftermath of iPARP maintenance treatment, especially among the BRCA1/2 mutant patients. Interestingly the dMMR colic tumour did not harbour BRCA1/2 mutation by Next Generation Sequencing.

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GYNAECOLOGICAL ONCOLOGY SURGICAL TECHNIQUES IN COMPLEX PELVIC SURGERY AND MANAGEMENT OF INTRACTABLE PELVIC ABSCESSSES ON A BACKGROUND OF SEVERE CROHN'S DISEASE

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Introduction/Background Chronic, severe, active Crohn's disease in a young patient creates surgical complexity with fertility considerations. The rarity of the presentation of intractable pelvic abscesses within this aetiology and their requirement for input from a multi-disciplinary team makes this a vital case in building a consensus for evidence-based management of gynaecological surgery.

Methodology A 29-year-old nulliparous woman was referred to our tertiary centre for consideration of surgical management of Crohn's disease with known tubo-ovarian abscess and abdominoperineal sinuses, with subsequent renal impairment requiring stenting. Her previous surgical history included 4 midline laparotomies, bowel perforation, subtotal colectomy and proctectomy with stoma formation and reformation and a bilateral salpingectomy.

Results The patient first underwent egg collection to preserve fertility. This was followed by a midline laparotomy and abdominoperineal resection, which involved an anterior colpotomy and a retrograde modified Hudson hysterectomy, alongside refashioning of the ileostomy. Excision and drainage of the abdominal wall abscess was performed alongside excision of the perineal sinus, with reconstruction of the perineal defect using an internal pudendal artery perforator gluteal fold flap. Involvement was sought from gynaecological oncology, colorectal, urology, plastics, stoma, fertility, microbiology, and gastroenterology teams to ensure continued patient optimisation. This multi-disciplinary collaboration resulted in successful preservation of end organ function and improvement in patient psychological well-being.