

IGCS19-0459

87 **CLINICAL TRIAL WITH TOPICAL USE OF ESTROGEN, TESTOSTERONE AND VAGINAL DILATOR IN THE PREVENTION OF VAGINAL STENOSIS IN WOMEN WITH CERVICAL CANCER AFTER RADIOTHERAPY**

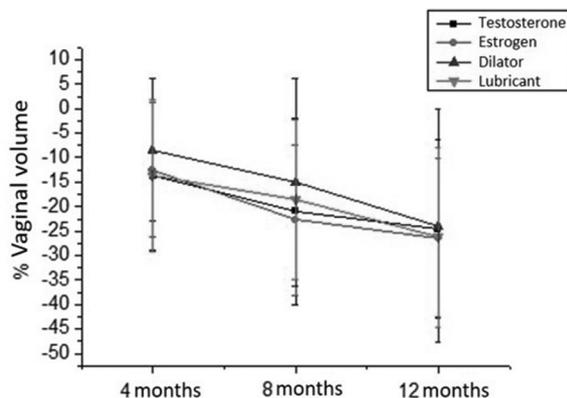
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Objectives To compare the efficacy of topical estrogen, testosterone and vaginal dilator in the prevention/treatment of vaginal stenosis in women with cervical cancer after radiotherapy.

Methods Clinical trial of 195 women referred for radiotherapy at a university hospital from 01/2013 to 05/2018, randomized to receive topical estrogen (66), topical testosterone (34), vaginal dilator (29) or lubricating gel (66) for one year, starting soon after the end of radiotherapy. The outcome variable was vaginal stenosis assessed using the Common Terminology Criteria Adverse Events (CTCAE) scale and percental changes in vaginal volume. Evaluations were performed shortly after radiotherapy, 4 months, 8 months and one year after treatment. Statistical analysis was carried out using Symmetry and Kruskal-Wallis tests.

Results The mean age of women was 46.78 (± 13.01) years, 61,03% were premenopausal and 73,84% had stage IIB-IIIIB tumors. The mean reduction in vaginal volume in the total group was 25.47%, with similar worsening in the four treatment groups with no statistical difference throughout the intervention period (figure 1).



Kruskal-Wallis test to compare the values among the 4 groups.
 $p=0.62$ (4 months) / $p=0.40$ (8 months) / $p=0.844$ (12 months)

Abstract 87 Figure 1 Vaginal volume variation (%) in the different groups throughout the intervention period (n=142)

There was worsening of vaginal stenosis evaluated by CTCAE scale after 1 year in all groups ($p < 0.01$), except for the users of vaginal dilator ($p = 0.37$).

Conclusions There was a reduction in vaginal volume in all groups, with no significant difference between the different types of treatment. However, women who used a vaginal dilator had a lower incidence of vaginal stenosis evaluated by the CTCAE scale after 1 year of treatment.

IGCS19-0122

88 **CERVICAL RE-INJECTION TO IMPROVE SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER**

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Objectives To evaluate the impact of cervical re-injection on the detection rate of fluorescence-guided sentinel lymph node (SLN) mapping in endometrial cancer (EC) patients undergoing robotic-assisted surgical staging.

Methods From April, 1 2017 to December, 31 2018 patients undergoing robotic-assisted surgery for apparently early-stage EC at our Institution were prospectively treated with SLN mapping using indocyanine green (ICG) accordingly to the Memorial Sloan Kettering Cancer Center (MSKCC) surgical algorithm. As per MSKCC algorithm, four mL (1.25 mg/mL) of ICG were injected into the cervical submucosa and stroma, at the 3 and 9 o'clock positions (1 mL each). In case of either no detection or unilateral detection, cervical re-injection was performed followings the same steps as previously described. Overall (successful mapping of at least one hemipelvis) and bilateral detection were evaluated pre- and post-re-injection.

Results Of the 107 patients undergoing robotic-assisted surgical staging for EC during the study period, 7 cases with no detection or unilateral detection who did not underwent re-injection were excluded. Among the remaining 100 patients, after a single injection the overall detection rate was 98% (95% CI, 92.2–99.6%) with a 69% (95% CI, 58.8–77.7%) of bilateral detection rate. After re-injection, overall and bilateral detection rate were 100% (95% CI, 95.3–100%) and 91% (95% CI, 8.32–95.5%), respectively.

Conclusions In the case of no detection or unilateral sentinel lymph node detection, cervical re-injection of ICG can increase overall and bilateral detection rate, thus decreasing the number of patients requiring a complete bilateral or side-specific lymphadenectomy.

IGCS19-0095

89 **ABC1 AND SCL1B1 GENE POLYMORPHISMS PREDICT METHOTREXATE-RESISTANCE IN LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA**

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Objectives Methotrexate has long been used successfully and is preferred worldwide for the treatment of low-risk gestational trophoblastic neoplasia. However, 26.4% of patients develop resistance and require changes to second-line chemotherapy. In the search for personalised treatment approaches, a link has

been found between the pharmacogenomics of methotrexate and the response in various diseases. The aim of this study was to explore the effects of ABCB1 and SCLO1B1 gene polymorphisms and the methotrexate treatment response in patients with low-risk gestational trophoblastic neoplasia. Secondary objectives were to investigate the association of single nucleotide polymorphism (SNP) genotypes with toxicity profiles, and to evaluate other factors associated with the response.

Methods Records of all patients with low-risk gestational trophoblastic neoplasia were reviewed and patients who received methotrexate as a single agent were invited to participate in the study. DNA was extracted from peripheral blood samples from 18 patients and assessed for ABCB1 (3435C>T) and SCLO1B1 (521T>C).

Results For the ABCB1 polymorphism, CT was the most common genotype (61.1%), followed by CC (27.8%) and TT (11.1%), indicating that TT had a 1.6-fold higher risk of methotrexate-resistance when compared to the wild-type and heterozygous alleles. The risk of methotrexate-related toxicity was 2.67-fold higher in CT/CC patients who showed a better response to methotrexate. The SCLO1B1 polymorphism was not associated with treatment outcomes.

Conclusions ABCB1 polymorphism might be useful as a biomarker for predicting the response to methotrexate in patients with low-risk gestational trophoblastic neoplasia.

IGCS19-0096

90 EFFECTS OF GINGER ADJUNCT TO THE STANDARD PROPHYLAXIS ON REDUCING CARBOPLATIN AND PACLITAXEL-INDUCED NAUSEA VOMITING: A RANDOMIZED CONTROLLED STUDY

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Objectives To determine effects of ginger on reducing the severity of nausea and/or vomiting among gynecologic patients receiving a combined carboplatin-paclitaxel regimen.

Methods The research was a randomized, double-blinded, crossover, placebo-controlled trial. Participants were the patients with gynecologic malignancies receiving the carboplatin-paclitaxel chemotherapy in King Chulalongkorn Memorial hospital. Either ginger (2 g per day) or placebo were prescribed in adjunct to standard antiemetic prophylaxis (dexamethasone, ondansetron, and ranitidine), in alternated cycles between groups: in group 1, the ginger was prescribed in odd cycles and the placebo in even cycles, and *vice versa* in group 2. Patients with gut obstruction, brain or bowel metastasis, those using anticoagulants, other ginger or antiemetic medications or patients who had ginger allergy were excluded from the study.

Results Overall, 47 participants were recruited. Mean age was 53.9 years. 17 subjects were chemotherapy-naïve. In an acute phase of nausea, ginger therapy significantly reduced the mean nausea score comparing to placebo ($P = 0.03$). However, in

the delayed phase, there were no significant differences between groups. For the acute and delayed phase of vomiting, there was no difference between the groups. No serious adverse effects were demonstrated in the ginger group ($P > 0.05$).

Conclusions Adjunct ginger therapy on standard nausea and vomiting prophylaxis protocol have benefit in reducing an acute phase nausea in patients receiving a combined carboplatin-paclitaxel regimen. The benefit on delayed phase nausea and vomiting is still equivocal.

Poster Discussion with the Professor Station 4

IGCS19-0172

91 THROMBOEMBOLIC EVENTS POST CYTOREDUCTIVE SURGERY IN PATIENTS WITH OVARIAN, FALLOPIAN TUBE OR PRIMARY PERITONEAL CANCER

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Objectives To determine the prevalence of deep vein thrombosis and pulmonary embolism after an extensive cytoreductive surgery for ovarian or fallopian tube cancer, the associated risk factors and to suggest preventive measures pre- and post-operatively to reduce these risks.

Methods A retrospective study was conducted at Hôtel-Dieu de France University Hospital and included all patients older than 16 years and receiving a cytoreductive surgery for ovarian, fallopian tube or primary peritoneal cancer between 2004 and 2017.

Results 123 patients were included. Mean age was 55 years. The prevalence of postoperative thromboembolic events in the studied population was 8.9%. Deep vein thrombosis and pulmonary embolism were found in 6.5% and 4.1% of cases respectively. A correlation was found between the presence of venous catheter and the occurrence of thromboembolic events with a p value = 0.035 (OR = 4, IC [1.019–16.197]). Also, partial colectomy with anastomosis, cholecystectomy and appendectomy were found to be risk factors (0.001, 0.021 and 0.045 respectively). We found a correlation between hospital and intensive care stay and the duration of immobilization as well as a correlation between weight and hospital stay (p value= 0.02). Date of initiation of postoperative thromboprophylaxis was related to the amount of intraoperative bleeding ($p = 0.024$).

Conclusions Avoiding the placement of central venous catheter, reducing the patient weight preoperatively, encouraging the early mobilization, reducing the hospital stay as well as stay in intensive care unit, controlling and limiting the intra- and postoperative bleeding are measures that contribute to reduction of risk of thromboembolic events occurrence.