

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.

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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

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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.