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these reasons, it may have a role in the management of VC, especially as palliative treatment when other therapies are no longer applicable.

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CLEAR CELL CARCINOMA IN 13 YEAR-OLD GIRL WITH NO HISTORY OF DISTILBEN EXPOSURE

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Abstract 436 Figure 1

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 reimagining, 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.