

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these reasons, it may have a role in the management of VC, especially as palliative treatment when other therapies are no longer applicable.

## IGCS20\_1474

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

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10.1136/ijgc-2020-IGCS.378

**Introduction** Clear cell carcinoma of the vagina (CCV) is a rare entity in the pediatric population. It is usually reported to have been associated with an intrauterine exposure to Diethylstilbestrol (DES). CCV with no exposure to DES arise in older women. Our case is unique because it reports a CCV in young girl with no history of DES exposure.

**Case Report** We report a case of 13-year-old girl with no history of intrauterine exposure to DES. She was reported to



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our department for a vaginal bleeding evolving since 8 months and wrongly mistaken for the menarche.

Clinical examination showed a vaginal mass invading the lower third of the vagina, the hymen was intact. Body scan found suspect pulmonary nodes. Biopsy concluded to CCV. She first had chemotherapy with taxoter and carboplatin regimen then concomitant chemotherapy and radiotherapy. The clinical and radiological response was partial. She underwent a pelvic exenteration and pulmonary lobectomy. Histology showed a CCV in both surgical specimen with free margins and one metastatic lymph node to lomboarctic chain. Actually the patient is free of disease after 3 months of follow-up.

**Conclusion** No DES-exposure CCV shows a bimodal age distribution with a first peak in latest twenties and the second in 7th decade. Our case is unique due to the early age of our patient. The treatment was not standard due to the young age of the patient too. Further cases should be studied to elaborate adequate guidelines.

## IGCS20\_1476

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### THE USE OF NEOADJUVANT CHEMOTHERAPY IN ADVANCED ENDOMETRIAL CANCER

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10.1136/ijgc-2020-IGCS.379

**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 reimaging, 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.