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these reasons, it may have a role in the management of VC, especially as palliative treatment when other therapies are no longer applicable.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

Y Fertani, M Bouhani, O Jaidane, M Slimane, R Chargui, K Rahal. Surgical Oncology Department of Salah Azaiez institute, Tunisia

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 Distilben (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 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 taxotere 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 lomboaortic 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.

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THE USE OF NEOADJUVANT CHEMOTHERAPY IN ADVANCED ENDOMETRIAL CANCER

L Philp, A Karibergs, J St Laurent, W Growdon, C Feltmate, AK Goodman. Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Massachusetts General Hospital, USA; Department of Obstetrics and Gynecology, Massachusetts General Hospital and Brigham and Women’s Hospital, USA

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 cyoreduction 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.
Conclusions Neoadjuvant chemotherapy is a feasible treatment option to allow for interval cytoreductive surgery in patients with advanced endometrial cancer not amenable to primary debulking. Patients who undergo surgery after chemotherapy have significantly improved progression free and overall survival.

IGCS20_1477

PRIMARY SYMPTOMS IN WOMEN WITH DIFFERENT HISTOPATHOLOGICAL SUBTYPES OF GYNAECOLOGICAL SARCOMA – RESULTS OF A PROSPECTIVE INTERGROUP REGISTRY FOR GYNAECOLOGICAL SARCOMA (REGSA – NOGGO RUI)

1E Rose*, 1K Piezner, 1S Brucker, 1P Hailer, 1D Zocholl, 1A Gimpel, 1M Kailer, 1M Bossart, 4H Strauß, 4P Wimberger, 4R Ambrust, 6C Marth, 1T Felhm, 1P Jurikova, 1A Mustea, 1S Selhoud. 1Charité Universitätsmedizin Berlin, Department of Gynecology with Center for Oncological Surgery, Campus Virchow Clinic, Germany; 2University of Tübingen, Department of Gynecology and Obstetrics, Germany; 3Eu, Kliniken Essen-Mitte, Department of Gynecology and Oncologic Oncology, Germany; 4Charité Universitätsmedizin Berlin, Institute of Biometry and Clinical Epidemiology, Germany; 5North-Eastern German Society of Gynaecological Oncology, NOGGO e. V., Germany; 6University Clinic Giessen and Marburg, Department of Gynecology and Obstetrics, Germany; 7University Medical Center Freiburg, Department of Gynecology and Obstetrics, Germany; 8University of Halle, Department of Gynecology, Germany; 9Carl-Gustav-Carus University Dresden, Department of Gynecology and Obstetrics, Germany; 10Medical University of Innsbruck, Department of Obstetrics and Gynecology, Austria; 11Heinrich-Heine University of Düsseldorf, Department of Gynecology and Obstetrics, Germany; 12Klinikum Passau, Department of Gynecology and Obstetrics, Germany; 13University of Bonn, Department of Gynaecology and Gynaecological Oncology, Germany

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Introduction Gynaecological sarcomas are rare and there is very limited evidence about symptoms at primary diagnosis. Most knowledge is based on retrospective analysis.

Methods We present data of 410 patients (pts) in the primary situation. Overall, 87.91% of pts had documented symptom data, which were analysed descriptively. A distinction was made between pre- (prem., ≤52 yrs) and postmenopausal (postm., >52 yrs).

Results The average age of pts was 56 yrs (range 15–88 yrs). Leiomyosarcoma (LMS) was diagnosed in 44.7%, endometrial stromal sarcoma (ESS) in 26.6% (62.6% low grade (LG-ESS) and 37.4% high grade (HG-ESS)). Undifferentiated sarcoma (US) and adenosarcoma (AS) were observed in 5.7% and 8.7% respectively. In prem. and postm. pts with LMS, the leading symptom (LS) was abdominal pain (ap) in 34.4%, and 39.5% respectively. In prem. HG-ESS the LS were ap and bleeding disorders (bd) in both 33.3%. In postm. HG-ESS and prem. LG-ESS the LS was vaginal bleeding (vb) in 29% and 33.3% respectively. In prem. AS the LS was ap in 27.3%, whereas in postm. AS it was postmenopausal bleeding (pb) in 29.2%. In prem. US the LS were bd and vb both at 66.7%. In postm. US the LS was ap in 47.4%.

Conclusions We analyzed the LS of different histopathological subtypes in primary gynaecological sarcoma for the first time. Bleeding disorders and abdominal pain are the main symptoms in all subtypes. Symptoms are heterogeneous and about every 5th woman reported unspecific symptoms. This underlines the importance of awareness for gynaecological sarcoma.

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COMPARATIVE STUDY OF THE HPV IMPACT PROFILE (HIP) INTERPRETATION METHODS IN LEBANESE WOMEN WITH HUMAN PAPILLOMA VIRUS OR ASSOCIATED LESIONS

1D Atallah*, 1C El Feghaly, 2M El Feghaly, 3M Moubarak, 4N El Kassis, 5G Chahine. 1Saint Joseph University – Hôtel Dieu de France University Hospital, Lebanon; 2. Saint George Hospital University Medical Center, Lebanon

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Objectives HPV associated lesions heavily influence the patients’ psychological health. Merck and coll. developed the HPV Impact profile (HIP) questionnaire to quantify this impact. Previously, while translating this questionnaire to Arabic and validating it in the Lebanese population, we had encountered several issues with its interpretation scheme. This article aims to study the psychometric properties of other proposed schemes found in the literature in order to choose the most adapted one for the Lebanese population.

Methods The Arabic versions of the HIP and HADS questionnaires were administered to 118 Lebanese women presenting for an HPV related consultation. The psychometric properties of the initial domains were studied before and after reverse scoring 8 items carrying a positive connotation (‘adapted domains’) and compared to those of two other item distributions created by Santos et al.

Results Most of the initial domains presented weak alpha Cronbach coefficients and internal consistency. Reverse scoring 8 items considerably improved the coefficients of 6 of the 7 domains. Both of Santos et al.’s distributions had good coefficients. Nevertheless, by modifying and combining these