Introduction Struma ovarii (SO) is rare, accounting for 0.3–1% of ovarian tumours. So is defined histologically as replacement of at least 50% of the ovarian tissue by thyroid tissue. Malignant transformation occurs in less than 5% of cases, most often into a papillary thyroid carcinoma (PTC). An association with a synchronous cancer of the thyroid gland proper exists.

Methods We present a case of malignant struma ovarii - considering presentation, diagnosis, management and follow-up.

Results A 75 year-old presented with the incidental finding of an ovarian mass on imaging. Pre-operative CA125 was 38 and CT described a 9 cm dermoid cyst. The patient underwent TAH, BSO and omentectomy. Final histopathology reported struma ovarii with co-existing papillary thyroid carcinoma. Post-operative CT confirmed FIGO stage 1A disease. Adjuvant thyroidectomy and radio-active iodine ablation (RAI) therapy were recommended by the multi-disciplinary team (MDT). The patient remained under follow-up, incorporating long-term thyroid-stimulating hormone (TSH) suppression and surveillance of serum thyroglobulin – with no recurrence to date.

Conclusions Patients with malignant SO usually present with non-specific symptoms and early stage disease. Very few cases are identified pre-operatively due lack of characteristic features on imaging, with the most common mis-diagnosis being that of a dermoid cyst. CA 125 has no role. Fertility-sparing surgery, pelvic clearance, thyroidectomy and radio-active iodine ablation therapy have all been described in the management of malignant struma ovarii.

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ROLE OF NEOADJUVANT CHEMOTHERAPY ON LOCAL CONTROL IN LOCALLY ADVANCED VULVAR CARCINOMA: A SINGLE INSTITUTION EXPERIENCE

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Introduction About one third of vulvar carcinoma is diagnosed at an advanced stage and is either surgically unresectable or require pelvic exenteration. Neoadjuvant chemotherapy (NACT) has been introduced to reduce surgical invasivity. In this case series we describe our experience with NACT from January 2000 to December 2018.

Methods This retrospective study analyzes 15 patients affected by locally advanced vulvar carcinoma (FIGO II-IVB) treated with NACT for large tumors (T2-T3) involving the anal sphincter or the urethra. The chemotherapy regimen mainly used a combination of Cisplatin Taxol and Ifosfamide. Clinical data were obtained by reviewing medical, radiological and pathological records.

Results 14 patients completed all the expected cycles of NACT and only 3 presented G3-G4 toxicity. Locally, the treatment resulted in 3 complete responses (20%), 7 partial responses (46.6%), 3 stable diseases (20%) and 2 progressions of disease (13,3%) (Table 1).

Abstract 449 Table 1

Age	Stage FIGO	Tumor size (cm)	Urethra/Anal involvement	NACT	RESPONSE			SURGERY			Adjuvant therapy	Relapse/Persistence	Status	Survival months
					T	N	M	Radical vulv	Anal Urethral	Nodes				
63	IVB	7x5	urethra	TIP	PR	CR	PR	Y	NO	Inguinal bil	RT	NO	NED	99
63	IVB	15x8	urethra	TIP	CR	PR	CR	Y	NO	Inguinal mono Pelvic mono	CHT	NO	NED	107
76	IVB	8x6	urethra	TIP	SD	SD	SD	Y	Urethra amputation Urethra amputation	NO	RT	NO – PD Metastasis YES	DOD	7
73	II	15x10	urethra	Cisplatin	PR	-	-	Y	NO	Inguinal bil	NO	YES	DOD	4
71	IVB	NA	urethra	TIP	PD	PD	SD	-	-	-	-	-	DOD	6
75	IIIB	7	urethra	TIP	PR	PR	-	Y	NO	Inguinal bil	NO	YES	DOD	4
72	IIIA	8	urethra	TIP	PR	PR	-	Y	NO	Inguinal bil	CHT	YES	DOD	13
57	IVB	8	urethra & anal	TIP	CR	CR	CR	Y	Miles amputation, colostomy	Inguinal bil Pelvic bil	CHT	YES	NED	53
46	IVB	15	urethra & anal	TIP	PD	PD	SD	-	-	-	-	-	DOD	6
78	IIIB	6x3	anal	Cis-Tax	CR	PR	-	Y	NO	Inguinal bil	NO	NO	DOOD	85
70	II	NA	anal	TIP	PR	-	-	Y	NO	Inguinal bil	NO	YES	NED	161
52	IVB	12	anal	TIP	SD	SD	-	Y	Colostomy	Inguinal bil Pelvic bil	RT	YES	DOD	56
80	II	5x3,5	anal	Carbo-Tax	PR	-	-	Y	NO	Inguinal bil	NO	NO	NED	192
68	IIIA	NA	anal	TIP	PR	PR	-	Y	NO	Inguinal mono	CHT	NO	DOOD	128
82	IIIB	12x6	NO	Cis-Tax	SD	CR	-	Y	-	Inguinal mono	NO	NO	DOOD	166

DOD: Death Of Disease NED: No Evidence of Disease DOOD: Death Of Other Disease

Abstract 449 Figure 1

Excluding the latter, all patients underwent surgery. Among the 9 with urethra involvement before NACT, 2 required a partial urethral amputation, and out of 7 patients with anus involvement 2 required surgery on the digestive tract. Surgical margins were negative in all cases. Of the 13 patients who underwent surgery, 3 had persistent disease and 3 relapsed.

The overall median survival was 55 months, with some long survivor patients (figure 1).

Conclusion NACT followed by surgery for the treatment of locally advanced vulvar carcinoma is feasible, well tolerated and allows surgical modulation.

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ORBITAL METASTASIS OF BREAST CARCINOMA: A SERIES OF FIVE CASES

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Introduction Breast cancer is the most frequent primary tumor of ocular metastasis in women. The diagnosis must be regarded with uncertainty. Unless there is a histological exam. Otherwise, the diagnosis can be raised on clinical exam and MRI findings.

Methods A retrospective review of five patients diagnosed with orbital metastasis of breast carcinoma from 2017 to 2020 in Salah Azaiz Oncology Institute in Tunisia.

Results All the patients were female and the average age of diagnosis was 59 (range from 51 to 78). All the patients have a history of ductal adenocarcinoma of the breast. The molecular subtype was Luminal A in four cases and was triple negative in one case. The most common signs were proptosis and ptosis. The MRI was performed in four cases and revealed a mass of the extraocular muscle and the retro-orbital space in three cases, an infiltration of extra-orbital muscle in one case. In one case, a contralateral breast carcinoma and pulmonary metastases were found. The other cases were free of metastasis. A navigation-assisted intraorbital biopsy from the orbital roof, performed in one patient, revealed metastasis of breast cancer. All the patients underwent palliative systemic chemotherapy by taxotere. One patient died three months after the diagnosis and four patients are under regular follow-up.

Abstract 450 Figure 1

Conclusion Orbital metastasis may occur years after the diagnosis. The diagnosis is not evident to establish since the surgical biopsy is not technically possible. The treatment is based on chemotherapy, local radiotherapy, and surgery in some cases.

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A PROSPECTIVE STUDY ON METRONOMIC SCHEDULING OF NON-CHEMOTHERAPEUTIC DRUGS IN ADVANCED EPITHELIAL OVARIAN CANCERS

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Introduction Epithelial Ovarian Cancer (EOC) continues one of the leading causes of cancer related mortality. The expenses of developing new drug and using the existing targeted therapies are enormous, in addition to their adverse effects on the quality of life of EOC patients. Here in, comes the value of 'drug repositioning/repurposing'. This study was designed to assess the role of non-chemotherapeutic combination of easily available and affordable drugs as maintenance therapy, after standard treatment, for advanced EOC and to determine the RFS and CSS.

Methods 100 women with advanced high grade EOC who had completed standard treatment by primary/interval