solid masses with moderate or rich vascularization. Cervical NENs appear as hypoechoic solid tumors, with irregular margins and highly vascularization and endometrial NENs are solid hypoechoic tumors with irregular margins.

IGCS20_1209

211 VULVAR AND VAGINAL METASTASIS OF SIGMOID ADENOCARCINOMA: A RARE LOCALIZATION

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Introduction Metastasis to genital tract are rare and usually secondary to breast and gastrointestinal malignancies.

Vulvar and vaginal metastasis from Colon cancer are extremely rare with few cases reported in the littérature.

Our case is unique because of simultaneous metastasis from sigmoid carcinoma to the vulva and vagina. It is to our knowledge the first case with this simultaneous localization of colorectal carcinoma.

Abstract 211 Figure 1

Case Report We present a case of 50-year-old woman with history of an adenocarcinoma of the sigmoid evolving since 2016 with liver metastasis. She underwent a sigmoidectomy without metastasis resection, followed by chemotherapy with folfox then LV5FU. After one year she presented with a vaginal bleeding associated to a vulvar mass.

Clinical exam showed an enlarging firm not well defined and bleeding mass of the left labia major infiltrating the underlying tissue. Gynecologic exam showed a rigid and irregular mass infiltrating vaginal wall.

The rest of the exam was normal. Tumors' markers were negative. MRI and Ct scan showed a liver progression and vulvar mass infiltrating the vagin.

Biopsy of the vaginal and vulvar masses concluded to a metastasis from the initial sigmoid tumor.

The multidisciplinary meeting agreed to pursue the treatment with folfiri chemotherapy.

Unfortunately, the patient passed away few months later.

Conclusion vulvar metastasis counts for 2 to 8% of vulvar tumours.

This case is unique because it reports a simultaneous localization to the vulva and vagina from colorectal carcinoma which is to our knowledge the first case in the literature.

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212 SINGLE-AGENT AMRUBICIN THERAPY FOR RECURRENT SMALL CELL NEUROENDOCRINE CERVICAL CARCINOMA

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Small cell neuroendocrine cervical cancer (SCNCC) is a highly aggressive tumor, and there is currently no standard treatment for recurrent SCNCC. We treated three patients with recurrent SCNCC who had received prior etoposide/cisplatin chemotherapy with single-agent amrubicin (35 mg/m², days 1–3). Partial response was achieved in one patient who had no signs of disease progression 14 months after commencing amrubicin. This patient received a total of 10 cycles of amrubicin every 3 weeks, with acceptable adverse effects. Amrubicin treatment was unsuccessful and was discontinued in the other two patients; one received a total of five cycles of amrubicin with acceptable adverse effect, but amrubicin was discontinued because of disease progression, and the other discontinued amrubicin after only two cycles because of grade 4 neutropenia/thrombocytopenia.

IGCS20_1212

214 NO SOCIOECONOMIC DIFFERENCES IN OVERALL SURVIVAL SEEN IN PATIENTS WITH ADVANCED OVARIAN CANCER WHERE PARITY OF ACCESS TO TREATMENT AND CYTOREDUCTIVE OUTCOMES CAN BE ACHIEVED

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