395 MENOPAUSAL SYMPTOMS AND SEXUAL DISORDERS IN EPITHELIAL OVARIAN CANCER SURVIVORS, A GINECO VIVROVAIRE2 STUDY

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Introduction/Background We have previously shown that Epithelial Ovarian Cancer (EOC) and its treatments have significant negative effects on Quality of Life (QoL) and long term fatigue. The aim of the present multicentric VIVROVAIRE2 study was to report the main menopausal symptoms of Epithelial Ovarian Cancer survivors (EOCS).

Methodology One hundred sixty-six patients of the 322 EOCS without relapse ≥3 years after first line of treatment accepted to participate to a gynecological consultation carried out by a gynecologist, including a questionnaire related to menopausal symptoms (MS), sexuality, clinical examination, and osteodensitometry. MS (hot flashes and/or night sweats) were described according to natural menopause (NM) or surgically induced menopause (SIM). QoL, fatigue, insomnia and mood disorders were measured with the questionnaires (FACT-G, FACIT Fatigue, ISI, and HADS).

Results Median age was 62 years [20–83], FIGO stage III/IV (48%) and < 10% BRCA1&2 mutated. Histological subtypes were: high grade serous 28%, low grade serous 22%, endometrioid G2-3 (15%) endometriod G1 (3%), clear-cell 21%, mucinous 5%. All EOCS had surgery, 97% of patients received platinum and taxane chemotherapy, median delay from treatment was 5 years [3–24] and 59 (36%) had SIM. 14% of EOCS had osteoporosis. Half of patients reported MS either hot flashes (47%) or night sweats (32%). 72% with SIM had MS compared to 41% with NM ($p<.001$). MS were not associated with poor global QoL, fatigue, insomnia or mood disorders. At the gynecological consultation, two-thirds of EOCS reported a decrease in sexual desire notably EOCS with SIM, wich showed a greater decreased libido than NM ($p<.02$).

One hundred seven patients have never been treated with Hormone Replacement Therapy (HRT) including 59 who reported MS and 48 who (40%) had SIM.

Among 85 EOCS with MS, 80 (94%) (38 SIM and 42 NM) did not benefit from HRT after cancer treatment; 76% presented no CI of HRT.

Conclusion Menopausal symptoms and sexual disorders are frequently reported by EOCS, particularly among surgically induced menopause patients. A majority of EOCS with MS may beneficiate from HRT to improve these symptoms.

Disclosures The authors declare that they have no conflict of interest in relation to the subject of the article.

476 EFFECTIVENESS OF PHOTODYNAMIC THERAPY IN LICHEN SCLEROSUS WITH NEOPLASTIC BACKGROUND

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Introduction/Background The main problem connected with lichen sclerosus is inflammatory proccess and correlation of this vulvar dermatose with autoimmunological and neoplastic diseases. Photodynamic therapy is one of the most popular worldwide discussed method of treatment of lichen sclerosus. Despite the short history, this method has a quiet good benefits.

The aim of the study was to assess the influence of neoplastic disease on effectiveness of photodynamic therapy used in lichen sclerosus treatment.

Methodology Analysis was based on 182 patients with age 31–88 from Outpatient Vulvar Clinic, which is a part of Department of Obstetrics, Gynecology and Gynecological Oncology. Material was divided into 3 groups: patients with neoplastic disease in history, women with positive familiar history of neoplastic disease and women neither medical history nor familiar history of neoplastic diseases.

Analysis was based on immunohistochemical reaction in samples of vulvar biopsy with receptors TLR, mast cells, Langerhans cells and MeCP2 - Methyl-CpG-binding protein 2, vulvoscopic assessment with special scales our own authorship before and 10 weeks after photodynamic therapy and questionnaire of patients' vulvar symptoms before and after the treatment.

Results TLR3, TLR9 and Langerhans cells take part in advanced stage of lichen sclerosus pathogenesis. MeCP2 occurs in every stage of lichen sclerosus. Localization depends on different stage of disease and can be in every layer of the skin. The role of this protein is to take part in epigenetics process.

In vulvoscopic assessment, the percentage of improvement after PDT was higher in group of women with no correlation to neoplastic diseases (55,3%) than in women with contact with neoplastic disease (47,7%).

According to subjective symptoms connected with lichen sclerosus the most frequent was itching, which stand for 76,2%; 71,7% and 66,9% in following groups. In comparison to other complains, the highest percentage of every group were patient with neoplastic disease in the past. Satisfaction with the level above 50% after photodynamic therapy reffered 80,8% patients from all analysed population.

Conclusion To sum up, the presence of neoplastic disease can influence on tissue and clinical phenotype on effectiveness of photodynamic therapy used in treatment of lichen sclerosus.

Disclosures

493 HOW TO RECONSTRUCT AN OPEN ABDOMINAL WALL AFTER NECROTIZING FASCIITIS: SURGICAL MANAGEMENT IN DIFFICULT CASES

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Introduction/Background Necrotizing fasciitis (NF) is a rare but very fatal infection involving and causing necrosis of the subcutaneous tissue and fascia. The incidence of NF is 0.4/100000. NF has a high mortality rate so it is needed an early diagnosis and proper treatment.There are several risk factors of NF. NF presents as painful, patchy discoloration of the skin without margins and a black necrotic plaque at the wound area. Ischemia and tissue necrosis can develop and local anaesthesia can occur because of the nerve damage.

Methodology A 59-year-old Turkish woman was admitted to hospital with a complaint of a postmenouposal bleeding.

Patient underwent a probe curettage. The pathology report showed a grade 1 endometrioid type of endometrial carcinoma. A total abdominal hysterectomy and bilateral salpyngoophorectomy were performed. Final pathology report revealed that stage 1A endometrioid type of endometrium carsinom.

Results Third day after surgery patient had fever (38 °C), tachycardia (102 beat/min) swelling was spread to the upper abdominal wall skin, vaginal discharge.She underwent a hartman procedure, abscess debridman and end sigmoid colostomy procedure.Patient then underwent extensive surgical debridement after 48 hours and a vacuum sealing drainage dressing was placed to cover the open abdominal wall and a negative sucker was placed upon the anus for 5 days. The dressing was changed every 3 days. Cultures of the exudates from the wound grew Pseudomonas aeruginosa, Klebsiella pneumoniae. Antibiotic treatment was adjusted according to the sensitivity results. After 21 days of a negative pressure wound treatment, the abdominal wall defect was 15*15 cm diameter and the wound covered with a granulation tissue. Patient underwent a split thickness skin graft operation. In this video which we want to demonstrate how to reconstruct an open abdominal wall defect with a full thickness skin graft. After removing the granulation tissue, a good vascular supported tissue had seen and the necrotic wound had removed by a curette. The split thickness skin graft had taken from left leg's superolateral healty skin with a measure of 10*25 cm diameter and 3 mm thickness. The skin is meshed to cover the large wound area. The graft covered the whole open abdominal wall and stitched up with 4,0 polipropilen sutures.

Conclusion Necrotizing fasciitis is an uncommon condition and has serious morbidity-mortality rate. Surgical debridement is the cornerstone of the treatment. NGWT combined with a STSG can help to heal wounds with NF.

Disclosures Picture 1:72 hours after STSG surgery

Picture 3: 3 months after STSG surgery

Translational research

295 ACCUMULATION OF 53BP1 IN CIRCULATING TUMOR CELLS DURING TREATMENT WITH ERIBULIN IDENTIFIES CHEMOTHERAPY-RESPONSIVE METASTATIC BREAST CANCER PATIENTS

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Introduction/Background Evidence suggests that the DNA end-binding protein p53-binding protein 1 (53BP1) expression in breast cancer is associated with poor prognosis, especially in triple-negative breast cancer (TNBC). Circulating tumor cells (CTCs) provide accessible 'biopsy material' to track cell traits and functions and their alterations during treatment.

Methodology We prospectively monitored the 53BP1 status, as a parameter for intact DNA damage response, in CTCs from 63 metastatic breast cancer (MBC) patients with HER2- CTCs before, during, and at the end of chemotherapeutic treatment with Eribulin in the DETECT-IV trail. Nuclear 53BP1 staining and genomic integrity were evaluated by immunocytochemical and whole-genome-amplification-based polymerase chain reaction (PCR) analysis. We used mean 53BP1 scores in CTC samples as dividing criteria, i.e. compared patients with 53BP1 scores $<50\%$ and $\geq 50\%$. We analyzed PFS of the patients from these two groups using scores obtained with samples at different time points during the study.

Results We found a decline of mean CTC numbers from baseline to 12 weeks of treatment but a dramatic rise at the final visit due to disease progression in 10/13 of the cases (mean CTC-values at baseline: 18, 2nd visit: 2, final visit: 118). Comparative analysis of CTCs from patients with 15 triple-negative and 48 hormone receptor positive tumors revealed elevated 53BP1 levels in CTCs from patients with HR+ metastases, particularly following chemotherapeutic treatment. Kaplan–Meier analysis between nuclear 53BP1-positivity in CTCs and progression-free survival (PFS) revealed an increasing association during chemotherapy until last examination ($p=0.065$).

Conclusion Our data suggest that 53BP1 detection in CTCs could be a useful marker to capture dynamic changes of chemotherapeutic responsiveness in triple-negative and HR+ MBC.

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444 GENOMIC AND FUNCTIONAL CHARACTERISATION OF INTRA-TUMOURAL HETEROGENEITY IN HIGH GRADE SEROUS OVARIAN CANCER

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Introduction/Background High-grade serous ovarian cancer (HGSOC) is characterised by high degrees of genomic instability and heterogeneity, with most patients eventually acquiring resistance to platinum-based chemotherapy. Matching the best treatment options to patients remains problematic due to diverse platinum resistance mechanisms and limited effective predictive biomarkers. This study aims to understand the extent of intra-tumoural heterogeneity (ITH) in advanced stage HGSOC, at presentation and relapse, and to define the link between ITH at the genomic and phenotypic levels.

Methodology Patients (n=49) undergoing radical upfront-debulking for advanced HGSOC at Hammersmith Hospital, UK, underwent a tumour mapping of their tumour