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

**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 harrman procedure, abscess debridman and end sigmoid colos- tomy procedure. Patient then underwent extensive surgical debridment 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 suprolateral healthy 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

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**Translational research**

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

1Fabienne Schochter, 2Kim Werner, 3Cäcilia Körtler, 4Volkmair Möller, 5Hans Neubauer, 6Tanja Fehm, 7Thomas WP Friedl, 8Bernhard Polzer, 9Wolfgang Janni, 10Lisa Wiesmüller. 1Ulm University; Department of Obstetrics and Gynecology; 2Fraunhofer-Institute for Toxicology and Experimental Medicine; Division of Personalized Tumor Therapy; 3Universitätsspital Basel; Department of Obstetrics and Gynecology; 4Universitätsklinikum Hamburg-Eppendorf; Klinik und Poliklinik für Gynäkologie; Department of Gynecology, University Medical Center Hamburg-Eppendorf, 20246 Hamburg, Germany; 5Heinrich-Heine-University of Düsseldorf; Department of Obstetrics and Gynecology; 6Life Science Center; 7Universitätsklinikum Düsseldorf; Klinik für Frauenheilkunde und Geburtshilfe; Department of Obstetrics and Gynecology, University of Duesseldorf, 40225 Duesseldorf, Germany

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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 ≥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**

1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou. 1Paula Cunnea, 2Ed Curry, 3Elizabeth Christie, 4Katherine Nixon, 5Chun Hei Kwok, 6Jennifer Ploski, 7Rafi Wulandari, 8David Bowtell, 9Christina Fotopoulou.
dissemination patterns. Tumour biopsies were collected (range 4–15, median 9), placed in short-term cultures, treated with cisplatin (25μM overnight) and apoptosis/viability assayed. When relapsed, patients also had paired biopsies collected for genomic and phenotypic analysis. DNA was extracted from tumours (5 per patient, n = 49 patients plus relapse samples) and Illumina Human OmniExpress genotyping performed. Allele-specific copy number (CN) was quantified using ASCAT. Genomic heterogeneity was quantified as the estimated number of CN aberration events distinct between each pair of tumour deposits. Clonal diversity within a patient’s deposits was calculated using the difference between within-patient and between-patient heterogeneity.

Results Broad heterogeneity was detected in response to platinum treatment across cases at the phenotypic level in vitro (n = 49), with higher variances in apoptosis induction observed in patients with platinum resistant disease. Genomic analysis revealed widespread variations in patterns of evolution for different patients’ tumours, including the relationship between primary tumours and relapsed disease. Extensive variations in CCNE1, MYC and PTEN CN were observed across multiple tumours in the same patients, and overall higher CCNE1 CN associated with poorer patient outcome (p = 0.038).

Conclusion Vast intra-tumoural heterogeneity is observed at the phenotypic and genomic level in HGSOC patients. Extensive copy number variations in genes such as CCNE1, MYC and PTEN across multiple disseminated samples within patients, indicates that sampling of a single tumour site does not accurately represent overall disseminated HGSOC biology and has implications for overinterpretation of studies relating to outcome and platinum-resistance.

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Trophoblastic diseases

A CLINICAL AUDIT OF MOLAR PREGNANCIES AND GESTATIONAL TROPHOBLASTIC NEOPLASIA CASES OVER 1YR IN A TERTIARY CARE HOSPITAL OF EASTERN INDIA WITH RESPECT TO THE INCIDENCE OF DISEASE, FACTORS RELATED TO ETIOPATHOGENESIS, DIAGNOSIS AND MANAGEMENT

Swarnabindu Banerjee. Medical College Kolkata; Medical Oncology

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Introduction/Background A Clinical Audit of molar pregnancies and gestational trophoblastic neoplasia cases over 1yr was conducted at Kolkata Medical College & Hospital, a tertiary care hospital of Eastern India with respect to the incidence of disease, factors related to etiopathogenesis, diagnosis and management and effects on maternal morbidity and mortality.

Methodology A total of 10000 patients attended this institution during 2017 June to 2018 June for pregnancy or its complication in department of gynaecology & obstetrics. 85 molar