227 INVASIVE MOLE: A RARE CAUSE OF HEMOPERITONEUM

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Introduction/Background* Gestational trophoblastic neoplasia comprises a unique group of human neoplastic diseases that derive from fetal trophoblastic tissues. The hydatidiform mole is the most common form of GTD, representing 80 percent of cases. An invasive mole is a hydatidiform mole characterized by the enlarged hydropic villi invading into the myometrium, into vascular spaces, or into extrauterine sites.

Methodology Case presentation: Here is a case with invasive mole after the evacuation of complete molar pregnancy, presented with an acute abdomen. We desired to preserve the uterine because our 21 years old patient doesn't have a child.

Result(s)*

Clinical Discussion An emergency abdominal ultrasound scan showed a 47*34*55 mm ill-defined hyperechoic heterogeneous mass with anechoic cystic vascular spaces within it, in the posterior wall of the uterus away from the endometrium that extended to the serous layer of the uterus. Laparotomy was done. After the evacuation of 2 L of hemoperitoneum, an approximately 5×4 metastatic, vesicular mass was seen in the posterior wall of the uterus, which was resected and uterine preservation was successful.

Conclusion* This case report describes the clinical, imaging, surgical and histopathological findings of Invasive mole after a hydatidiform molar pregnancy. Our case highlights the feasibility of fertility-preserving surgery in the case who experienced life-threatening hemorrhage due to a ruptured uterus.

273 AVELUMAB IN PATIENTS WITH GESTATIONAL TROPHOBLASTIC TUMORSRESISTANT TO POLYCHEMOTHERAPY: EFFICACY OUTCOMES OF COHORT B OF TROPHIMMUN PHASE II TRIAL

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Introduction/Background* In patients with gestational trophoblastic tumors (GTT) with a FIGO score ≥ 7, or GTT resistant to both standard monotherapies, the recommended polychemotherapy regimen is EMA-CO. In case of resistance to polychemotherapy, the prognosis is poor. The anti-PD-L1 monoclonal antibody avelumab may be effective for GTT resistant to monochemotherapy (You et al *JCO* 2020). The efficacy data of avelumab in patients with GTT resistant to polychemotherapy enrolled in cohort B of TROPHIMMUN trial (NCT03135769) are presented.

Methodology In cohort B, patients with GTT resistant to polychemotherapy received avelumab 10 mg/kg Q2W until hCG normalization, and for 3 additional cycles thereafter. The primary endpoint was the rate of patients with hCG normalization, following a 2-step Simon design. The cohort was closed prematurely for futility.

Result(s)* 2017-2020 : seven patients were treated with the French Gestational Trophoblastic Center (median age was 37 ; choriocarcinoma: 4; placental-site: 1; epithelioid: 1; other: 1) ; stage I/III: 43%/57%; FIGO score 8-10: 43%; score 11-15: 57%. Patients had experienced previous failures to monochemotherapy (n=5), pelvis surgery (n=2), and polychemotherapy (EMA-CO, n=5; EMA-EP, n=1; TP/TE, n=1; APE; n=1). They received a median of 6 avelumab cycles (range: 3-13). Six (85.7%) patients achieved initial hCG stabilization/decline, and one patient (14.2%) had successful hCG normalization after 13 cycles. Another patient experienced favorable hCG decline, but avelumab was discontinued for hemostatic hysterectomy, followed by sustained hCG normalization. The 5 other patients (71.4%) experienced hCG re-increase suggesting avelumab resistance, including two patients who developed brain hemorrhage after 4 cycles (brain metastases in one patient; arteriovenous malformation in one patient who died). The 4 remaining patients were subsequently treated with hysterectomy, other polychemotherapy, including high-dose/bone-marrow-transplant for two; pembrolizumab for one (who died).

Conclusion* TROPHIMMUN is the first trial of immunotherapy in GTT. Contrarily to avelumab suggested effectiveness in patients with monotherapy resistance (Cohort A), avelumab activity was limited in patients with polychemotherapy resistance. Despite initial changes in hCG kinetics in most patients, eventual hCG normalization was rare (14%). The prognosis of patients experiencing polychemotherapy resistance remains poor. Combination treatments with immunotherapy should be considered.

314 PARTIAL MOLAR PREGNANCY WITH A COEXISTING FETUS; CASE SERIES AND REVIEW OF THE LITERATURE

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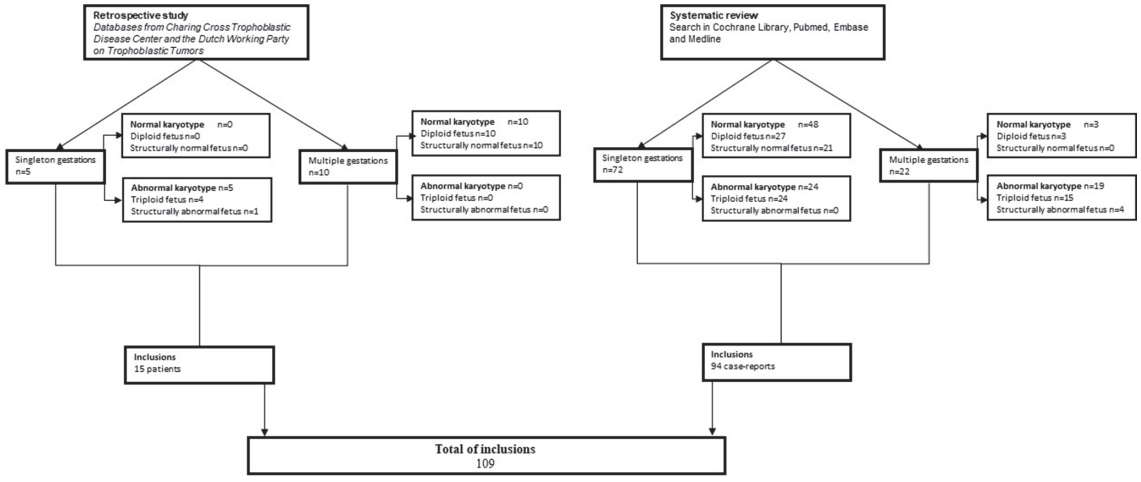
Introduction/Background* Partial molar pregnancy with a coexisting fetus (PHMCF) is a very rare entity leading to limited understanding of its natural course and optimal diagnostics and treatment. The aim of this study was to describe a case series of patients with PHMCF and to review the current available literature.

Methodology We searched the databases of the Charing Cross Trophoblastic Disease Center and the Dutch Working Party on Trophoblastic Tumors. Secondly, we performed a systematic literature review to evaluate the incidence of PHMCF, the clinical presentation, obstetrical and maternal outcomes of a pregnancy complicated by PHMCF.



Abstract 314 Figure 1

Result(s)* Fifteen patients with PHMCF were extracted from the databases and ninety-four case-reports from literature. Vaginal bleeding and hypertensive disorders occur more often during a PHMCF pregnancy compared to normal pregnancies (27% and 18%), especially the incidence of severe early pre-eclampsia (PE) was high in case of fetal triploidy (41%). The incidence of progression into gestational trophoblastic neoplasia (GTN) was 13%. High numbers of premature delivery and termination of pregnancy in case of fetal triploidy led to a neonatal survival of only 26%.

Conclusion* Fetal triploidy has a poor prognosis and higher chance of maternal complications. Termination of pregnancy is therefore often advisable. In case of normal pregnancy in combination of a partial mole, continuation of pregnancy is possible in combination with close guidance and clinical monitoring preferably in obstretric high care units because of the high maternal and fetal risks.

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675 EVALUATION OF A WEB-BASED INTERVENTION FOR PATIENTS WITH GESTATIONAL TROPHOBLASTIC DISEASE: A RANDOMIZED CONTROLLED TRIAL

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Introduction/Background* Gestational Trophoblastic Diseases (GTD) comprise a group of rare diseases originating from the trophoblast, affecting women of child-bearing age. Providing optimal information to patients with a rare disease is challenging, because of the small number of patients and limited clinical expertise of many healthcare professionals. We investigated whether a web-based interactive intervention influences levels of distress, illness-perception and knowledge in women with GTD.

Methodology Sixty-nine patients diagnosed with GTD were enrolled in a multicenter randomized controlled trial using online questionnaires in the Netherlands between 2017-2019. Patients were randomized between direct access or postponed access to an online tool on GTD intended to increase knowledge on this rare condition and formulate questions prior to consultation with a medical specialist.

Result(s)* Patients using the online tool had higher level of knowledge compared to the control group ($p = 0.006$), and were satisfied with the intervention (92%). No differences in levels of anxiety, depression, distress and illness-perception were observed between the groups.

Conclusion* The online tool was valuable for newly-diagnosed GTD patients. The improvements in knowledge after digital education, indicates that this tool can be used as an effective method of supporting GTD patients' informational needs without causing extra distress.

677 ABSTRACT WITHDRAWN

920 CHORIOCARCINOMA: POSTMENOPAUSAL LESIONS, ISTHMIC LESIONS, AND RELATED VAGINAL METASTASIS

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Introduction/Background* Choriocarcinoma is a highly malignant epithelial tumor originating from the trophoblast. It primarily occurs during the reproductive years