

Methods 36 years old, referred to our emergency department at the beginning of January 2020 as suspected ectopic pregnancy on ultrasound and plateauing BHCG of 1012mIU/ml. had 5 weeks amenorrhea, no vaginal bleeding, her Last delivery was vaginally in august 2019. Was given methotrexate 2 doses, with no response, a diagnostic laparoscopy, and examination under anesthesia done, which found no ectopic pregnancy and a 5x3cm vaginal mass noticed. Biopsy taken showed choriocarcinoma. Started on combination chemotherapy, responded well her BHCG became <1, still under follow up.

Results Vaginal metastasis of trophoblastic tumor may occur even after vaginal delivery. This case was erroneously diagnosed as ectopic pregnancy and diagnosed during surgical intervention. Chemotherapy is the treatment of choice with a favorable prognosis. Regarding prognostic scoring, vaginal metastasis should be considered as a poor prognostic factor. Different studies in this context thus directly recommended combination chemotherapy as their first choice.

Conclusions While dealing with a case of vaginal mass with a history of antecedent pregnancy and rising BHCG, possibility of metastatic choriocarcinoma should be considered and investigate accordingly. Prompt diagnosis and early treatment with combination chemotherapy may thus save many lives.

EPV283/#72

DEVELOPMENT OF A GESTATIONAL TROPHOBLASTIC NEOPLASIA REGISTRY AND PROTOCOL IN AN OBGYN RESIDENCY IN RWANDA

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Objectives Gestational Trophoblastic Neoplasia (GTN) cure rates reach >90% in settings where early diagnosis and management strategies exist. GTN is more common in African countries, where many factors effecting outcomes are not readily available. To address the high prevalence of invasive molar pregnancies in Rwanda we developed training in sonographic recognition, clinical diagnosis and management of GTN in the largest teaching hospital in Kigali, Rwanda.

Methods We evaluated our approach to GTN management in the largest tertiary care teaching hospital in Rwanda.

Results A patient registry of GTN patients was created with gynecologic oncology specialists. From October 2015 to June 2019 we identified 108 patients with GTN, 80 of which were diagnosed with invasive mole. Residents at all levels received training in ultrasound recognition of invasive versus noninvasive mole characteristics, GTN staging and scoring, methotrexate dosing and toxicity, B-hCG monitoring and identification of high risk or resistant disease. Residents were also trained in the appropriate use of hysterectomy in the management of Gestational Trophoblastic Disease.

Conclusions Recently trained OB/GYN residents practicing at hospitals countrywide are now able to identify and refer appropriate patients to the GTN center at the university teaching hospital in Kigali, Rwanda. Based on these results we feel that appropriate GTN diagnosis and management can be taught in a low resource setting, even outside of the university

teaching hospital, to improve patient outcomes despite limited resources.

EPV284/#238

THE EARLY DETECTION OF VULVAR CANCER THROUGH SELF-EXAMINATION (EDUCATE) STUDY: WHAT WOMEN AND CLINICIANS THINK

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Objectives Rates of vulvar cancer are increasing globally. Early detection reduces surgical morbidity and prolongs survival. Although population screening has no role, vulvar self-examination may prompt early diagnosis in high-risk women. UK guidance promotes self-examination in women with high-risk vulvar conditions, but there is a lack of evidence about current practice, acceptability and barriers to vulvar self-examination.

Methods Clinician questionnaires were completed at a UK vulvar conference. Patient questionnaires (incorporating vulvar self-examination and cancer awareness) were distributed through patient networks and clinics.

Results All ninety-eight clinicians agreed that self-examination plays an important role in detecting sinister vulvar changes in high-risk women. 87% recommended monthly self-examination and 81% provided one-to-one teaching despite believing that few patients practised self-examination. 455 patients (median age 58 years) with lichen sclerosus(69%), lichen planus(13%), vulvar cancer(14%) and VIN(13%) participated. Clinic respondents(n=197) were older(median 65 vs 52 years, p<0.001) and 65% reported self-examining compared with 86% of online respondents(p<0.001). Despite regular self-examination, 40% were not confident about recognising vulvar abnormalities. Lack of awareness(38%), confidence(31%) and physical difficulties visualising the vulva(32%) were top barriers to self-examination. Face-to-face specialist teaching was regarded as the best way to learn self-examination but only 9% of patients reported receiving this. Patients agreed that a magnified, extendable mirror and photographs depicting sinister changes would aid self-examination.

Conclusions Patients and clinicians recognise that vulvar self-examination is important in early detection of cancer, but a lack of formal teaching impairs confidence in the identification of abnormalities. Visual aids may facilitate self-examination but should be reinforced by education and support.

EPV285/#322

HUMAN LEUKOCYTE ANTIGEN-G EXPRESSION IN VULVAR SQUAMOUS CELL CARCINOMA

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Objectives It is widely accepted that HLA-G belongs to the group of checkpoint molecules, implicated in different pathways of immune suppression allowing tumors escape. Here, we investigated HLA-G expression in vulvar squamous cell carcinoma (VSCC) to explore the potential implication of these molecules as prognostic markers.

Methods Immunohistochemistry was performed to evaluate HLA-G expression using the monoclonal antibody anti-HLA-G clone 4H84 that specifically identifies the denatured heavy chain of all HLA-G isoforms. Association with clinicopathological factors and survival were analyzed in 56 VSCC treated with radical vulvectomy. Mann-Whitney (MW) U test was used to estimate differences in HLAG levels expression in subgroups. Survival estimation was calculated by the Kaplan-Meier test.

Results HLA-G was highly expressed in 11 of the 56 (19.6%) primary tumor specimens. The high HLA-G expression level was reported in high-sized tumors (PMW=0.03) and increased invasion depth (PMW=0.01). HLA-G high expression was also noted in 72,7% of advanced stages with a borderline significance (PMW=0.08). A high level of HLA-G was not associated with tumors' resection margins (PMW=0.18). Assessment of patients' survival by Kaplan-Meier analysis indicated an adverse correlation between HLA-Ghigh expression and overall survival rate of VSCC patients (log-rank; P=0.00037). Therefore, the 5-year cumulative survival rates of patients with HLA-Ghigh expression was 10.5%. In the same way, HLA-G high expression reduced the disease-free survival (P=0.002).

Conclusions Our study shows that VSCC expresses high HLA-G that has been associated with an unfavorable clinical outcome. These findings suggest that HLA-G might be considered as a novel postoperative prognostic indicator for VSCC

EPV286/#444 TRENDS IN MORBIDITY OF VULVAR CANCER IN UZBEKISTAN

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Objectives To analyze trends in cancer morbidity for vulvar cancer (VC) in Uzbekistan.

Methods We collected vulvar cancer incidence data from official statistics in Uzbekistan for the years 2017+2018.

Results Totally 131 patients with VC have been registered, 61 in 2017 and 70 in 2018 of which rural women are 33, 40 and respectively. According to the age patients were registered as follows: in 2017 from 18 to 35 years old - 4 patients, from 36 to 55 years old - 14 patients, from 56 to 70 years old - 35 patients, older than 70 years old - 19 patients; in 2018 from the age of 18 up to 35 years old 1 patient, 36–55 years old - 20 patients, 56–70 years old - 24 patients and 16 patients are older than 70 years. In 2017, the largest number of VC patients were registered in Tashkent (17), Kashkadarya (10), Bukhara (10) and Tashkent regions (8). In 2018, there was an increase in the number of VC patients in the Republic of Karakalpakstan (from 4 to 13), in the Khorezm region (from 5 to 9), while in Tashkent and the Tashkent region the number of registered cases of VC decreased (9 and 3, respectively). In 2018, the number of VC cases increased in

Tashkent region, Tashkent and Namangan (10, 9 and 9 respectively). In Syrdarya, Jizzakh and Navoi regions in 2017–18 years there were no cases of VC.

Conclusions Screening programs will allow timely diagnosis of vulvar background and precancerous diseases and reduce the number of patients with this pathology.

EPV287/#539 SURGICAL TREATMENT OF VULVAR CARCINOMA IN VERY ELDERLY ITALIAN POPULATION: A RETROSPECTIVE STUDY

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Objectives Vulvar carcinoma (VC) is a rare condition: there is a lack of evidence on treatment in Very Elderly (VE) patients. Aim of the study is to evaluate outcome of surgical resection of VC in the VE population (80 or more years).

Methods Age at diagnosis, FIGO stage, surgical management, groin involvement, site of relapse, disease free survival and overall survival (OAS) were collected for each patient.

Results 32 patients were managed between 2000 and 2020. Mean age at diagnosis was 82.8 years [80–92 years]. Surgical treatment consisted of radical vulvectomy in 22 (68.7%) cases and wide local excision in 10 (31.3%). All patients underwent groin node dissection: 17 (53.2%) monolateral, 15 (46.8%) bilateral. FIGO stage was I in 18 cases (56.3%), II in 1 case (3.1%), 12 had positive nodes (stage III) (37.5%) and 1 case had stage IV (3.1%). Adjuvant radiotherapy was delivered in 5 patients (15.6%). Most common complication was wound breakdown that occurred in 2 cases (6.3%). 15 patients (46.9%) were lost at follow-up. 5 vulvar and groin recurrences were observed (29.4%). Median time to relapse was 21 months [5–47]. Mean OAS was 59.9 months for patients with negative nodes and 13 months for those with positive nodes. Overall survival for the entire group was 35 months [2–148] and 7 (21.9%) patients are alive without evidence of disease.

Conclusions Surgical management of VC is feasible even in the VE population. Complication rate is acceptable, groin dissection appears to have a prognostic rather than a therapeutic purpose.

EPV288/#61 VERRUCCIOUS CARCINOMA OF THE VULVA: PATTERNS OF CARE AND TREATMENT OUTCOMES

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Objectives Verrucous vulvar carcinoma (VC) is an uncommon and distinct histologic subtype of squamous cell carcinoma (SCC). The goals of this study were to analyze patient data from the National Cancer Database (NCDB) to quantitate the incidence of VC and to investigate the effects of patient and tumor demographic factors and treatment regimens on overall survival (OS).