Introduction/Background Gestational trophoblastic neoplasm (GTN) occurs in among women of reproductive age. Chemotherapy can result in the loss of primordial follicles and reduced ovarian reserve. Using anti-Mullerian hormone (AMH) as a surrogate, we evaluated the impact of chemotherapy in patients who received chemotherapy for GTN.

Methodology This was a retrospective case-control study. Women aged between 20 and 44 years old with GTN who had received chemotherapy, or with treated molar pregnancy were identified between 2012 and 2018. AMH levels were measured at pre-treatment, 6, 12, and 24 months. Demographic factors, clinical characteristics, and the AMH levels between the 2 groups were compared using Mann Whitney U test and the difference between different timepoints was analysed using Wilcoxon signed rank test or Friedmann’s test.

Results 57 GTN patients and 18 age-matched controls with molar pregnancies aged 20–45 years old were identified. There was no difference in the demographic factors. No significant difference in AMH levels was observed between GTN and molar pregnancy group at all time points. However, among those receiving combination chemotherapy for GTN, post-hoc analysis showed a significant difference between pre- and 12 months post-treatment (Z = -2.29, P = 0.02), pre- and 24 months post-treatment (Z = -2.29; P = 0.02). To adjust for the effect of age on AMH levels, all serum AMH levels were expressed as multiples of the median (MoM) against age-specific AMH reference ranges for Chinese women. Only the use of combination chemotherapy was correlated with the MoM.

Conclusion Our results showed that single agent chemotherapy did not adversely affect the AMH level regardless of number of cycles. The only factor that might possibly lower the AMH level was the use of combination chemotherapy. This study would help provide better counselling to patients with GTN with regards to the effects of chemotherapy on subsequent ovarian reserve.

Introduction/Background Gestational trophoblastic disease involves both benign and malignant entities that include hydatidiform mole (complete and partial), choriocarcinoma, invasive mole, epithelioid trophoblastic tumor and placental site trophoblastic tumor. The last four are known as gestational trophoblastic tumors which are 10% of GTD with an incidence of 1/75 births. The average age of onset is 34 years and half. Pregnancy was causal in 95% of cases a molar pregnancy. Staging performed in our patients revealed lung metastases in 24 cases, brain, liver and vagina in 2 cases. 9.7% of our patients underwent a hysterectomy. 87% of our patients were treated with single-agent chemotherapy (methotrexate). 8 patients were treated with multi-agent Chemotherapy. All our patients have had a clinical and laboratory monitoring, before every course of chemotherapy, then monthly, before normalisation of β-HCG, until 12 months when GTN good prognosis, and until to 18 months in case of GTN with poor prognosis. We reported a case of resistance after 4 lines of chemotherapy and died following a haemorrhage due to pelvic recurrence and vaginal metastasis. It also reported a case of recurrence of GTN.

Conclusion This study allowed us to analyze the good follow-up of the patients, the early diagnosis early diagnosis of TTG, especially in case of follow-up of moles and good prognosis of almost all cases.

Vaginal and vulvar cancer

Introduction/Background To study the epidemiological profile of patients diagnosed with vaginal malignant neoplasms (VMN) in the Republic of Belarus for a 30-year period.

Methodology The data of Belarusian Cancer Registry were used (1990 to 2019). The information analyzed were: incidence and mortality rates, age and stage distribution, survival outcomes.

Results Totally of 868 newly diagnosed cases of VMN were identified. The estimated age-standardized incidence rate of VMN per 100,000 female population has increased from 0.1 in 1999 to 0.4 in 2019 (p >0.05). The mortality rate amounted 0.0–0.2 per 100,000 female population. Of all newly diagnosed cases of VMN, 70.9% (615) were residents of the city and 29.1% (253) were rural residents. Comparison of three ten-year periods (1990–1999, 2000–2009 and 2010–2019) showed that the rate of cases of VMN detected in stage I increased almost doubled (from 19.1% to 38.5%), the rate of stage III sharply decreased (from 30.3% to 13.0%), while for stages II and IV were no changes. Comparison of 5-year adjusted survival rates between 2000 and 2015 showed increased for stages I, II and III, moreover the survival rate of stage III increased in 2.4 times. The overall 5-year survival rates for the entire group was 68,7±5,1%, with no statistically significant difference between urban and rural women 67,8±5,1% and 65,8±10,4%, respectively, p = 0.99.

Conclusion This population-based dataset confirms that in Belarus the incidence of VMN have been increasing over the last 30 years, and the mortality approximately remained stable.
The quality of diagnostics has improved due to an increase in incidence of stage I, as well as improved approaches to treatment, which is confirmed by data on an increase in survival. In addition, there was no difference in survival rates between urban and rural residents with a greater increase in survival rate among rural residents.

Introduction/Background Tumors of the clitoris are very rare and it accounts 0.06% of all cancers of the female genital tract. This tumor has high malignant potential and very bad outcome of all treatment options.

Methodology A 27-year-old girl presented to our hospital for an examination due to urinary incontinence, pelvic pain and visible tumor mass in the region clitoris. Clinical examination revealed a firm mass of size 5 cm in diameter. Tumor mass was arising from the clitoral area surrounded by normal connective tissue and mobile over the bone, with painful swelling of the clitoris. The patient has not been able to urinate for 24 hours and she has experienced swelling and pain in the clitoris for the past two months.

Results Trans-vaginal ultrasound of internal genital organs, colposcopy examination of cervix and pap smear test were normal. With a clinical diagnosis of tumor, the patient was investigated with pelvis X-ray, chest X-ray and there was no positive findings. CT of the abdomen showed multiple metastatic changes in urinary bladder and pelvic wall. Tumor markers like CEA and Ca 125 were in normal range. We placed urinary catheter and took biopsy from the tumor mass. The histology confirmed squamous cell carcinoma but a primary carcinoma of the clitoris. Tumors was very aggressive with large nuclei eccentrically with foci of spindle and anaplastic cells. When a detailed diagnostic examination was completed within 10 days, unfortunately, patient passed away before any treatments.

Conclusion Carcinomas clitoris are rare and important because of its aggressive nature of clinical course leading to early death in young patients.

Introduction/Background Little is known about the unmet needs of women with vulvar cancer. The aim of this study was to explore the needs of women with vulvar cancer at the time of diagnosis.

Methodology This is a prospective, longitudinal nationwide cohort study investigating health-related quality of life in women with vulvar cancer. Eligible women were diagnosed with primary vulvar cancer between 2019 and 2021. Participants completed five validated instruments including 15 items from the Supportive Care Needs Survey Short Form (SCNS-SF34) before start of treatment, and during follow-up. Here, we present results from the baseline questionnaire.

Results 136 of 153 (89%) included women completed the baseline questionnaire. Median age was 69 years, 62% were living in a relationship, and 70% had one or more comorbidities. Most women (73%) were diagnosed at FIGO stages IA-II, 96% were treated by surgery. More than every second woman reported needs for eight of the 15 selected items of the SCNS. The most reported needs concerned information about treatment, side-effects, and improved self-care. Besides, two thirds of women needed help in managing the fear of cancer spread (figure 1). Expressing high needs for information and help with fear of cancer spread was associated with more comorbidities (information how to help yourself: OR 10.2 (95% CI 1.9 – 54.6); information about side-effects: OR 10.2 (95% CI 1.9 – 54.6); information about care: OR 5.4 (95% CI 1.9 – 25); fear of cancer spread: OR 15.9 (95% CI 1.8 – 140.6)), but not with age, partner status, or FIGO stage.