Conclusions Sleep dysfunction is a major concern for women dealing with cancer associated menopausal symptoms and availability of effective therapy is urgently needed.
THE ROLE OF PLEURAL FLUID DRAINAGE CATHETER PLACEMENT IN PATIENTS WITH GYNECOLOGIC MALIGNANCIES

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Objectives Many individuals with gynecologic malignancies suffer symptoms related to malignant pleural effusions that improve with drainage. The objective of this study is to review a single institution’s experience with pleural fluid drainage catheter placement in these patients.

Methods Adult patients with a confirmed gynecologic malignancy who underwent catheter placement from 2010–2020 were identified, and clinical data was extracted for analysis.

Results Chart review identified 63 patients, the majority of whom were diagnosed with ovarian cancer (63%). 89% of patients had unilateral catheter placement. Pulmonologists placed the plurality (40%) of catheters, with the remainder placed by thoracic surgeons or interventional radiologists. Median time from cancer diagnosis to catheter placement was 25 months. 41% of patients had already received 4+ lines of chemotherapy at the time of placement, and 17% had goals of care focused on comfort at placement. Only 16% of patients in the cohort experienced complications related to their catheters, with the most common complications being infection and pneumothorax. 35% of patients had documented catheter removal, with minimal ongoing drainage being the indication for the majority of patients. 84% of the cohort was deceased at the time of data collection. Median survival time following catheter placement was 3 months.

Conclusions While many patients with symptomatic malignant pleural effusions from gynecologic malignancies opt to undergo drainage catheter placement while pursuing treatment, the overall prognosis for this group appears limited, with survival measured in short months. This information may be used to appropriately counsel patients in this clinical context regarding prognosis and supportive care.

A RANDOMIZED CONTROLLED STUDY BETWEEN THC CANNABIS OIL AND PLACEBO ADDED ON STANDARD PROPHYLAXIS FOR REDUCING CHEMOTHERAPY-INDUCED NAUSEA VOMITING (CINV) FOLLOWING CARBOPLATIN AND PACLITAXEL REGIMEN

Sinee Wanishpongpan*, Shina Orannatanaphan. King Chulalongkorn Memorial Hospital, Obstetrics and Gynecology, Bangkok, Thailand

Objectives To determine the effect of THC cannabis oil added on standard antiemetic prophylactic drugs for reducing intensity of delayed phase (24–120 hours) nausea among gynecologic cancer patients receiving Carboplatin and Paclitaxel chemotherapy.

Methods This study was a randomized, double-blinded, crossover, placebo-controlled trial. Participants were gynecologic malignancy patients receiving Carboplatin and Paclitaxel chemotherapy at King Chulalongkorn Memorial Hospital. Either THC cannabis oil (1 mg per day) or placebo were prescribed added on standard antiemetic prophylaxis, in alternated cycles between groups: in the first group, THC cannabis oil was prescribed in odd cycles and placebo in even cycles, vice versa for the second group. Patients with gut obstruction, brain or bowel metastasis, or patient with contraindicated usage of Cannabis oil were excluded. Statistics were analyzed by SPSS ver.22.

Results 74 participants were randomized. Mean age was 57 years. 54 patients (77%) were chemotherapy-naïve. In delay phase of nausea, proportion of patients without significant nausea during delay phases of cycle was higher in THC group (57%) compared to placebo group (41%) without any statistical significance (p-value = 0.063), also insignificant in acute phase of cycle (p-value = 0.862). For the acute and delayed phase of vomiting, there was no difference between the groups. No serious adverse effects were demonstrated for the usage of THC cannabis oil.

Conclusions Symptom of nausea especially in delay phase (24–120 hours) will decrease normally over the time with standard antiemetic prophylaxis. Only small additive effect from THC cannabis oil. The usage of THC cannabis oil can alleviate delay phase nausea. The benefit on vomiting was not promising.

E-poster viewing: Trophoblastic diseases

EP401/#975 A RANDOMIZED CONTROLLED STUDY BETWEEN THC CANNABIS OIL AND PLACEBO ADDED ON STANDARD PROPHYLAXIS FOR REDUCING CHEMOTHERAPY-INDUCED NAUSEA VOMITING (CINV) FOLLOWING CARBOPLATIN AND PACLITAXEL REGIMEN

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E-poster viewing: Trophoblastic diseases

EP402/#1074 EPIDEMIOLOGY OF GESTATIONAL TROPHOBLASTIC NEOPLASIA IN A SECOND LEVEL HOSPITAL IN TUNISIA

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Objectives To assess the incidence and individual characteristics associated with gestational trophoblastic neoplasia.

Abstracts