The role of pleural fluid drainage
A randomized controlled study between thoracic oncology and pleural fluid drainage

**Abstracts**

**EP400/#967**

**THE ROLE OF PLEURAL FLUID DRAINAGE CATHETER PLACEMENT IN PATIENTS WITH GYNECOLOGIC MALIGNANCIES**

Ravali Reddy*, Elisabeth Diver. Stanford University School of Medicine, Obstetrics and Gynecology, Division of Gynecologic Oncology, Palo Alto, USA

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 removals. 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.

**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

Sinee Wanishpongpan*, Shina Oranratanaphan. 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.

E-poster viewing: Trophoblastic diseases

**EP402/#1074**

Epidemiology of gestational trophoblastic neoplasia in a second level hospital in Tunisia

Hadir Lamini, Hajar Bettaieb, Hadjhami Rouiss, Nesrine Souayeh, Meriem Ouederni, Rahma Bouhmida*, Amal Chermiti, Hedhili Oueslati, Chaouki Mbarki. Tunis, Gynecology and Obstetrics, Tunis, Tunisia; Regional hospital Ben Arous, Gynecology and Obstetrics, Tunis, Tunisia

Objectives To assess the incidence and individual characteristics associated with gestational trophoblastic neoplasia.
Methods We conducted a monocentric retrospective study that included all patients diagnosed with a gestational trophoblastic neoplasia over a period of 18 years. It took place in the gynecology and obstetrics department of the hospital of Ben Arous. We studied the patients features and characteristics.

Results We registered 204 cases of gestational trophoblastic disease (GTD) during the period of the study including: 189 (92.65%) cases of hydatidiform mole and 15 (7.35%) cases of gestational trophoblastic neoplasia (GTN). Three patients were diagnosed with choriocarcinoma. Two of them had placental site trophoblastic tumor and one patient had an invasive mole. Only two patients had a metastatic disease. The incidence of GTN was 2.7 cases per 10000 deliveries and 2.6 per 10000 pregnancies. The mean age of our patients was 30.6 years old [24–53]. Most patients were pauciparous. Three of them had a perimenopausal status. History of spontaneous abortion was found in 5 cases. A history of hydatidiform mole was found in 12 cases. All pregnancies were spontaneous.

Conclusions Gestational trophoblastic neoplasia is rare and has wide incidence variations worldwide. Maternal age and history of hydatidiform mole have been identified as risk factors but the definitive mechanism is not well known.

Conclusions GTN is a significant source of maternal morbidity with increased risk of mortality from complications if not detected early and treated promptly.

Abstract EP404/#361 Table 1 and Figure 1

1Meriem Ouederni, 2Hajer Bettaieb, 1Hadhami Rouiss, 2Nestine Souayeh, 1Rahma Bouthida, 1Hadi Lamiri, 1Amal Chermiti, 2Wael Mbarki, 1Hedhili Oueslati, 1Chaouki Mbarki, 1Tunis, Gynaecology and Obstetrics, Tunis, Tunisia; 2Regional hospital Ben Arous, Gynaecology and Obstetrics, Tunis, Tunisia; 2Regional hospital Ben Arous, Gynaecology, Tunis, Tunisia.

Objectives Gestational trophoblastic disease (GTD) arises from abnormal placenta and is composed of a spectrum of prema-

lignant to malignant disorders. The aim of this study was to analyze the current management modalities as well as the out-

come of GTD.

Methods This study was carried out in the gynecology and obstetrics department of Ben Arous hospital over a period of 18 years extending from January 2004 to June 2021. We included all patients matching the FIGO diagnostic criteria or with a histological confirmation.

Results 204 cases of GTD were reported in our study divided as follows: 198 hydatidiform moles and 15 cases of gesta-

tional trophoblastic neoplasia (GTN). The mean age of patients was 33.86 years. 81% of molar pregnancies were diagnosed between 6 and 12 weeks' gestation. In 12.7% of patients, the initial diagnosis was that of an incomplete abortion or a miscarriage. These patients received Misoprostol: 57% of them had a subsequent aspiration for failure to evacuate. 82.3% of patients had an ultrasound-guided uterine evacuation straight away. Contraception was systematic in all patients. Clinical Follow-up, monitoring serum chorionic gonadotropin (βHCG) as well as ultrasounds were performed in 77.5% of the patients only. A positive outcome was observed in 144 patients while 9 patients had an unfavorable evolution defined either by stagnation or by re-ascension of the βHCG. Hysterectomy was performed in 3 cases. 9 patients had chemotherapy.