trimester. The most common presenting complaint was vaginal bleeding (37.4%) and the commonest complication was hyperthyroidism (16.6%). Twenty-six (11.2%) patients required blood transfusion. Seventeen patients (7.2%) required a second evacuation due to ongoing bleeding with 4 patients (1.7%) requiring a hysterectomy due to excessive haemorrhage. Patients with GTD normalized their HCG at a median time of 12 weeks post evacuation. There were 40 cases of persistent trophoblastic disease (PTD), all of whom had HCG levels above 6000 mIU/mL and 4000 mIU/mL at 4 weeks and 8 weeks respectively. Almost 45% of patients never completed follow-up.

Conclusions The incidence of GTD within our centre is declining but remains an important cause of morbidity as it mainly affects the reproductive age. We strongly recommend a revised follow up protocol to accommodate patients with complex socio-economic backgrounds as the current protocol seems to be associated with an increase rate of loss to follow up.

**EP405/#363**

**TREATMENT OUTCOME OF GESTATIONAL TROPHOBLASTIC NEOPLASIA PATIENTS IN BANGLADESH: AN EXPERIENCE IN A TERTIARY REFERRAL HOSPITAL**

Nasrin Hossain*, Salma Walida, Begum Arwar, Sharif Mahmud, SM Khan. National Institute of Cancer Research and Hospital (NICRH), Gynaecological Oncology, Dhaka, Bangladesh; Combined military hospital (CMH), Physician, Dhaka, Bangladesh; Sir Salimullah Medical College and Hospital, Medicine, Dhaka, Bangladesh

Objectives Gestational trophoblastic disease (GTD) is a group of disorders that arises from placenta, including the premalignant complete and partial hydatidiform moles and malignant invasive mole, choriocarcinoma, PSTT and ETT. The current staging system for GTN combines both anatomic staging and a prognostic scoring system using a variety of clinical factors. So, objective of study were to see the response of treatment of GTN patients, to see the disease free survival (DFS) and overall survival (OS) of patients and prognostic factors affecting the response of treatments.

Methods Observational study

Results A total 86 patients were included. Median age 29.50 years. Persistant GTN is the most common 23.3% than choriocarcinoma (23.3%). FIGO stage I and lung metastasis were the most common. According to GTN types, median DFS time overall was 48 months and OS time was 65 months but there were not significant. Significant association with GTN types with antecedent pregnancy and β HCG level but insignificant with tumor size. WHO prognostic score significantly associated with diagnosis to treatment interval (p=0.003), largest tumor size (p=0.005), number of metastasis (p=0.000), previously failed chemotherapy (0.000) but age, antecedent pregnancy and β HCG level were insignificant. A total of 10 patients died during course of their treatment mainly due to advanced metastatic disease and treatment complications. In low risk patients, overall treatment response was 92.85% and in high risk overall treatment response was 80%. Overall complete remission was achieved in 86.4% of patients.

Conclusions GTN is a significant source of maternal morbidity with increased risk of mortality.

**EP406/#808**

**THE EFFICACY OF SECOND CURETTAGE IN THE TREATMENT OF LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA: A SYSTEMATIC REVIEW AND META-ANALYSIS**

Sarah J Mah*, Melissa Lavechka, Alda Pekarandi, Clare Reade, Lue Eriksson. McMaster University and Juravinski Cancer Centre, Gynecologic Oncology, Hamilton, Canada; Juravinski Cancer Centre, Gynecologic Oncology, Hamilton, Canada; Juravinski Hospital and Cancer Centre, Division of Gynecologic Oncology, Hamilton, Canada

Objectives Patients with low-risk gestational trophoblastic neoplasm (GTN) are almost universally cured with chemotherapy, but second uterine curettage has been explored as an alternative to avoid chemotherapy-related toxicities. We systematically reviewed intervention studies to determine whether second curettage in patients with low-risk GTN affects: 1) the proportion of patients requiring chemotherapy; 2) the number of chemotherapy cycles; and 3) the need for multi-agent chemotherapy.

Methods A literature search was performed including the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, and Web of Science. Two authors screened titles, abstracts, and full texts and abstracted data. Risk of bias was assessed for each outcome. Data were pooled using a random-effects model and assessed for heterogeneity. Quality of evidence was assigned using GRADE.

Results Six studies met inclusion criteria; 2 randomized studies (RCT) and 4 non-randomized studies (NRS). Mean difference in number of chemotherapy cycles was 2.04 fewer in patients who underwent second curettage (95% CI 0.50 to 3.59) based on two pooled RCTs (N=138). Those who underwent second curettage had RR=0.60 (95% CI 0.31 to 1.18) for requiring chemotherapy based on 4 pooled NRS (N=1105), and RR=1.17 (95% CI 0.76 to 1.80) for multi-agent chemotherapy based on two pooled NRS (N=900). The certainty of evidence is very low due to risk of bias for potential confounding, selection bias, missing data, and inconsistency of the results.

Conclusions Second curettage may reduce the need for chemotherapy in patients with low-risk gestational trophoblastic neoplasm but the evidence is very uncertain.

**EP407/#401**

**PSYCHO-EMOTIONAL REHABILITATION OF PATIENTS OF FERTILE AGE WITH GESTATIONAL TROPHOBLASTIC DISEASE**

Nargiza Zahirova, Malika Mamatova*, Nargiza Yusupova. Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology, Tumors of The Women's Reproductive System., Tashkent, Uzbekistan; Andijan State Medical Institute, Gynecology, Andijan, Uzbekistan; Republican Specialized Scientific-Practical Medical Center of Oncology and Radiology., Consultative and Diagnostic Center, Tashkent, Uzbekistan

Objectives To study clinicopathological, psycho-emotional features of different forms of gestational trophoblastic disease in Uzbekistan.

Methods A total of 150 patients with GTD were studied. Of these, 43 (76.8%) had complete hydatidiform mole (HM), 13 (23.2%) had partial HM, 26 (17.3%) had placental trophoblastic tumor, 56 (37.3%) had invasive HM, and 18 (12%)