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.

### EP406/#808

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

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**Objectives** Patients with low-risk gestational trophoblastic neoplasia (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 -5.00 to 0.91) 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 neoplasia but the evidence is very uncertain.

### EP407/#401

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

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**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%)...