Results Our query resulted in 741,598 posts (figure 1). Grouping them according to hashtags related to disease site, ovarian cancer was found in 375,072 (50.6%) posts; cervical cancer in 248,707 (33.5%); uterine cancer in 83,670 (11.3%); vulvar cancer in 20,756 (2.8%); vaginal cancer in 11,822 (1.6%); and HPV vaccination in 3,211 (0.4%). The #ovariancancer analysis showed a particular interest in spirituality (positivity, love, praying, and hope). The second most common hashtag was #cervicalcancer, and again its analysis yielded a particular focus on fighting the disease and spreading awareness. Preventive measures related to #hpvvaccination did not raise so much attention. Uterine cancer (#endometrialcancer; #uterinecancer; #wombcancer) ranked 3rd despite being the most prevalent GC in industrialized countries.

Conclusion Instagram could be an effective social media platform for GC awareness. A strong campaign on GC prevention is still lacking on Instagram.

Disclosures None

Abstract #188 Figure 1 The total number of posts on gynaecological cancers

Disclosures None

#238 HPV AND BREAST CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background Breast cancer (BC) is the leading malignancy worldwide. The association between human papillomavirus (HPV) and BC is debatable. This systematic review and meta-analysis aims to assess the prevalence of HPV DNA in malignant breast tumours.

Methodology An extensive search of PubMed and SCOPUS databases was conducted for case-control studies published from 1st January 2003 to 7th January 2023, which compared HPV DNA detection in breast tissue specimens of BC patients and women with absent or benign breast disorders. Once the initial title/abstract screening was completed by two independent investigators, the full texts of the included studies from that stage were reviewed by the above authors to determine if they should be included. Data extraction was independently conducted by two researchers. A third reviewer was consulted to resolve disagreements through free discussion. MedCalc version 20.210 was used for quantitative synthesis. The significance of association was estimated by pooled odds ratios (ORs) with 95% confidence intervals (CIs) calculated by the random-effect model.

Results Twenty-three primary studies, including 3243 subjects (2027 patients and 1216 controls), were qualified as eligible for quantitative analysis. HPV prevalence in BC and controls was 21.95% and 89.6%, respectively. The prevalence of HPV differed significantly among the two groups (summary OR 3.83, 95% CI 2.03–7.25, P<0.01). Heterogeneity among studies was quantified using the I2 test, which was 69.57% (95% CI 51.89–80.75). We assessed risk of bias with an appropriate tool (contributed by the CLARITY Group at McMaster University). Seven studies had a low risk of bias, 15 studies a moderate risk of bias, and only one study had a serious risk of bias.

Conclusion These results reinforce the hypothesis that HPV is involved in BC development and progression, thus implicating a possible role for HPV vaccines in BC prevention.

Disclosures None

#261 USE OF A SUBCUTANEOUS WALL-RETRACTION DEVICE DURING LOW PRESSURE LAPAROSCOPIC PROCEDURES IN MORBIDLY OBESE PATIENTS WITH GYNECOLOGICAL PATHOLOGY

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Introduction/Background Treatment of morbidly obese female patients still represents a challenge, due to cardiorespiratory function and hemodynamic changes that occur during minimally invasive surgery because of pneumoperitoneum and steep Trendelenburg position. The main reasons for LPT conversion in obese patients are inadequate visceral exposure due to adiposity and an intolerance of Trendelenburg.

The aim of this prospective study was to assess conversion to laparotomy and perioperative complications after low pressure laparoscopy (LPL) surgery using a new subcutaneous abdominal wall-retraction device called LaparoTenser in morbidly obese patients with gynecological pathology.

Methodology 30 consecutive obese patients (BMI > 35 kg/m2) were eligible for the study and enrolled from October 2020 to April 2023. 20 patients had endometrial cancer, 4 atypical endometrial hyperplasia and 6 BOT/adnexal mass.

Results The mean age was 69, with a mean BMI of 39 kg/m2. The exposure of the operating field was optimal in 28 out 30 cases (93.3%). Laparotomy conversion rate was 6.6% (2/30). One intraoperative complication occurred, an hematoma related to insertion of the subcutaneous needle of the wall lifter occurred. According to the Dindo Classification ≥ a 2, early complications rate was 16%.

Conclusion LPL technique using the LaparoTenser device is safe and feasible in obese patients. The wall-lifting device enables adequate viscera exposure creating a large intra-abdominal operative space avoiding the disadvantages of intraperitoneal high-pressure and CO2 absorption offering greater benefit to obese patients with no effect on the hemodynamic and respiratory functions. LPL technique may assist both surgeon and anesthesiologist to reduce the laparotomic conversions rate. Further studies could confirm our results.
### Abstract #261 Table 1  Type of surgery

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operative time (min)</td>
<td>170 (111 - 249)</td>
</tr>
<tr>
<td>Conversion to laparotomy</td>
<td>7/30 (23.3%)</td>
</tr>
<tr>
<td>Specimen extraction</td>
<td>3/30 (10%)</td>
</tr>
<tr>
<td>Advanced disease</td>
<td>2/30 (6.6%)</td>
</tr>
<tr>
<td>Difficult visualization</td>
<td>2/30 (6.6%)</td>
</tr>
<tr>
<td>Complete surgical staging</td>
<td>29/30 (96.6%)</td>
</tr>
<tr>
<td>Intra-operative complications</td>
<td>1/30 (3.3%)</td>
</tr>
<tr>
<td>Hospital stay (days)</td>
<td>4 (3 - 13)</td>
</tr>
<tr>
<td>30-days complications</td>
<td>7/30 (23.3%)</td>
</tr>
<tr>
<td>Clavien Dindo classification grade 1</td>
<td>2/30 (6.6%)</td>
</tr>
<tr>
<td>grade 2</td>
<td>5/30 (16.6%)</td>
</tr>
<tr>
<td>No complications</td>
<td>23/30 (76.6%)</td>
</tr>
</tbody>
</table>

Data are expressed as median (range) or number (percentage)

Disclosures The authors have no conflicts of interest to disclose.

## REAL-LIFE EXPERIENCE OF PAZOPANIB IN UTERINE LEYOMIOSARCOMA (U-LMS) IN A TERTIARY ONCOLOGIC CENTER IN ITALY: EVALUATION OF SAFETY AND EFFECTIVENESS

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Introduction/Background U-LMS is a rare entity, that needs to be referred to highly specialized sarcoma centers. Despite large number of genomic mutations in soft-tissue sarcomas no targeted-therapy is effective and systemic chemotherapy (CT) represents gold standard treatment of advanced U-LMS. The antiangiogenic agent pazopanib is an oral multitargeted tiroxine-kinase inhibitor; it demonstrated a benefit in Progression Free Survival (PFS) of 3 months in a phase III randomized PALLETTE trial.

Methodology We retrospectively investigated outcomes of pazopanib in patients with metastatic U-LMS in a tertiary oncologic center in Italy. Endpoints included response rate, progression free survival (PFS) and safety.

Results From September 2013 to March 2023, 30 women with metastatic U-LMS received Pazopanib. Most patients (93%) had a good performance status (PS ECOG 0–1) and median age was 53 years old (38–72 years old). The most frequent site of metastases was lung (70%) and the median number of previous chemotherapy was 3 (range 2–5). All patients started Pazopanib at 800 mg daily; 23% of patients required dose reduction. The most common grade (G) 3 events were hepatic toxicities (HT), nausea and vomiting (7%). Two patients definitively interrupted due to drug-related toxicities: one for anasarca and one for HT. Disease control rate was 43%, with 19% of partial responses. We recorded 4 complicated responses: 1 pneumothorax, 1 intestinal perforation, 1 intestinal occlusion and 1 emoftoe due to pulmonary cavitation. In the overall population median PFS was 3 months; in the responders subgroup was 7 (range 4–21). Four patients are still on treatment after a median period of 6 months.

Conclusion Unselected patients treated with Pazopanib in real life had a PFS and safety consistent with literature. Responder patients have a greater benefit from treatment with durable responses. However, clinicians must be careful during treatment due to the possibility of complicated response.

Disclosures No potential conflict of interest to report.

## #290 COLLOID (MUCINOUS) BREAST CANCER ABOUT 10 CASES

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Introduction/Background Colloid or gelatinous carcinoma is a rare histological form, representing 1 to 6% of all breast cancers. It usually appears after 70 years. It is evoked in mammography before a limited opacity or micro-lobulated in an elderly woman. The well-circumscribed limits focus a priori on the pure type, while the ill-defined margins focus more on the mixed type. The majority of cases do not express HER-2 and have positive hormonal receptors. The prognosis is excellent.

The purpose of our work is to clarify the anatomical, immunohistochemical and evolutionary features of this particular entity.

Methodology We carried out a retrospective study of patients treated for colloid breast cancer at the Medical Oncology Department of the Tlemcen University Hospital Centre.

Results Ten patients were collected.

- The average age is 55 years [38, 81]. The main reason for consultation is the discovery of a nodule at autopalpation. The average evolution time is 14 months [1.60]. The average size is 4.1 cm [2.10]. The right breast is most affected (7/10).
- The pathological study is in favor of a colloid carcinoma, grade III (3/10), with lymph node invasion (4/10), positive hormonal receptors (9/10), Her 2 negative (10/10). Adjuvant chemotherapy based on anthracycline (7/10) followed by Taxane (3/10), hormone therapy (9/10) and radiation therapy (5/10). Two patients received adjuvant hormone therapy alone.
- The majority of patients were diagnosed at a localized stage, classified as T2N0M0 in 7 patients. All of our patients received radical Patey surgical treatment.
- After a median follow-up of 76 months, 9 patients are still followed in consultation.

Conclusion Colloid (mucinous) breast carcinoma is a rare variety, occurring mainly after menopause with a favorable prognosis in its pure form.

Disclosures Our results are compatible with the theoretical data already published.