both ovarian and uterine cancer. Median age at the time of profiling was 59 years, median time from the tumor sampling to profiling was 17 months. Results of profiling were available for 68 tumors with actionable aberrations detected in 49 samples (72%). Based on NGS, actionable genomic signature was found in 13/68 tumors (19%) and gene alterations with targeted therapy available in 30/68 tumors (44%). In total, only 2 samples (3%) did not meet the quality criteria for NGS. By IHC, PD-L1 positivity (C219) either by TPS or CPS) was detected in 32/58 examined tumors (57%), MMR-deficiency in 5/56 tumors (9%) and HER-2 positivity in 2/19 tumors (11%). So far, proposed matched therapy has been started in 16/49 patients (33%) with median time of duration 74.5 days compared to 63.5 days within the prior line of treatment.

Conclusion Combined genomic and immunohistochemical profiling of gynecological tumors is an efficient approach to match patients with targeted therapy.

Disclosures This research was funded by the Ministry of Health of the Czech Republic (MHCRR), grant number NU21–03-00306, and MHCR-Development of Research Organization (FNBr, 65269705).

#429 PULMONARY BENIGN METASTASIZING LEIOMYOMA
Olga P Matylevich, Ilya A Tarasau*, Mikalay A Kurchankou, Pavel A Kopschaj, Alena V Dalamanava. NN Alexandrov National Cancer Centre of Belarus, Minsk, Belarus 10.1136/ijgc-2023-ESGO.459

Introduction/Background Benign metastasizing leiomyomas (BMLs) represent the extraterine spread of a benign uterine process. Pulmonary BMLs are the most common example of distant spread of uterine leiomyomas and are usually found incidentally in premenopausal women. We present the case of pulmonary benign metastasazing leiomyoma in a young patient 14 years after a myomectomy.

Methodology The patient S., 35 years old, in 2022 presented of chest discomfort during active physical activity. She had a history of myomectomy immediately after cesarean section in 2008. The clinical examination and laboratory findings were normal. The patient was referred for chest Computed Tomography (CT) and Magnetic Resonance Imaging of the abdomen, pelvis, and brain.

Results During CT of the chest, in both lungs multiple nodules from 0.2 to 0.8 cm were determined, which corresponded to disseminated process in the lungs, other examinations did not show any abnormality. Video-assisted thoracoscopic atypical resection of right lower lobe was performed. Morphological study revealed in the lung parenchyma two identical spindle-cell nodules without atypia. Immunohistochemical study shown immunophenotype of smooth muscle tumor: Desmin+, Caldesmon+, CD34+, CD117+, Estrogen+, Progesteron+, Ki67<1%. Pathology report: Metastatic leiomyoma with invagination of pulmonary epithelial structures.

Combining patient’s medical history with the examination results, she was diagnosed with pulmonary BML. Due to young age, low-symptomatic course and indolent disease progression, MBT adopted the tactics of careful observation.

During the year of close follow-up, the patient is alive with no signs of disease progression.

Conclusion Pulmonary BMLs are an extremely rare pathology. The treatment strategy for each case should be individualized. If the nodules are not resectable in young asymptomatic women wishing to preserve fertility close follow-up can be recommended.

Disclosures Authors do not have any disclosures.

#439 PRIMARY MALIGNANT MELANOMA OF THE FEMALE GENITAL TRACT: CLINICAL CHARACTERISTICS AND MANAGEMENT
AYESHA Siddiqua*, FOUJIA Sharmin, SILVIA Hossain, ANWAR Hossain, MIRZAMd Asaduzzaman, BEGUMRokeya Anwar. National Institute of Cancer Research and Hospital, Dhaka, Bangladesh; Shaheed Suhrawardy Medical College and Hospital, Dhaka, Bangladesh 10.1136/ijgc-2023-ESGO.460

Introduction/Background Malignant melanoma of the genital tract comprises 3% of all melanomas afflicting females. The most frequent location of melanoma in the female genital tract is the vulva, whereas the vagina is seldom affected, and is most frequently diagnosed at an advanced stage, resulting in early recurrence and a poor prognosis. Because of their rarity, there are currently no established guidelines for the treatment of genital melanomas. This present study describes the symptoms, management, and prognosis of women attending at National Institute of Cancer Research and Hospital, Bangladesh with malignant melanoma of the vulva, vagina, and cervix.

Abstract #439 Table 1 Clinico-pathological characteristics of the patients (N=6)

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Age (Years)</th>
<th>Menopausal status</th>
<th>Site of tumor</th>
<th>Presenting symptoms</th>
<th>Stage of disease</th>
<th>Treatment administered</th>
<th>DFS Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>50</td>
<td>Post-menopausal</td>
<td>Vulva</td>
<td>Itching, vulva, vaginal discharge, swelling</td>
<td>Stage III</td>
<td>EBRT 25G Modifed radical vulvectomy with vaginectomy on recurrence</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>Pre-menopausal</td>
<td>Vulva</td>
<td>Vaginal discharge, swelling</td>
<td>Stage III</td>
<td>EBRT 25G Modifed radical vulvectomy, BLFlip NO Cyclo + CTPH+ Vindesina+ Decarbazine</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
<td>Post-menopausal</td>
<td>Cervix</td>
<td>Vaginal discharge</td>
<td>Stage II</td>
<td>RT with BLPND with total vaginectomy</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>70</td>
<td>Post-menopausal</td>
<td>Vagina</td>
<td>Vaginal discharge</td>
<td>Stage II</td>
<td>TAHBSS with total vaginectomy Adjuvant chemotherapy</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>65</td>
<td>Post-menopausal</td>
<td>Vagina</td>
<td>Vaginal discharge</td>
<td>Stage II</td>
<td>TAHBSS with total vaginectomy BLFlip NO Adjuvant chemotherapy</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>48</td>
<td>Pre-menopausal</td>
<td>Vulva</td>
<td>Vaginal discharge, swelling</td>
<td>Stage III</td>
<td>WLE with BLPND cyclo chemotherapy</td>
<td>4</td>
</tr>
</tbody>
</table>

EBRT - External beam radiotherapy
TAHBSS - Total abdominal hysterectomy with bilateral salpingo-oophorectomy
BLFlip NO - Bilateral inguino-femoral lymph node dissection
BLPND - Bilateral pelvic lymph node dissection

Abstracts