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, PDL1 positivity (C21 1 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 (MHCR), grant number NU21–03-00306, and MHCR-Development of Research Organization (FNBr, 65269705).

### #429 PULMONARY BENIGN METASTASIZING LEIOMYOMA

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**Introduction/Background** Benign metastasizing leiomyomas (BMLs) represent the extrauterine 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 metastasizing 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, MTB 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

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**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</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</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
<td>Pre-menopausal</td>
<td>Vagina</td>
<td>Vaginal discharge, swelling</td>
<td>Stage III</td>
<td>Modified radical vulvectomy with vaginectomy on recurrence</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>RI with BPLND on total vaginectomy Adjuvant chemotherapy</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 BLFLND 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 BLFLND cyclotherapy</td>
<td>4</td>
</tr>
</tbody>
</table>

EBRT: External beam radiotherapy
TAHBSS: Total abdominal hysterectomy with bilateral salpingo-oophorectomy
BLFLND: Bilateral inguinal-femoral lymph node dissection
BPLND: Bilateral pelvic lymph node dissection

**Abstracts** Int J Gynecol Cancer 2023;33(Suppl 3):A1–A453

Int J Gynecol Cancer: first published as 10.1136/ijgc-2023-ESGO.460 on 27 September 2023. Downloaded from http://ijgc.bmj.com/ on October 13, 2023 by guest. Protected by copyright.
Methodology A 5 year (2016–2021) observational study was conducted in department of Gynaecological Oncology, National Institute of Cancer Research and Hospital, Dhaka, Bangladesh. Data were collected from hospital record book retrospectively.

Results Six women with genital melanoma were attended within the study period, mean age: 54.67 years, minimum age: 48 years and maximum age: 70 years, most of the women are post-menopausal. Vaginal discharge was the commonest presenting symptom, 2 cases with vaginal melanoma, 3 cases with vulval melanoma and one cervical melanoma, presented in advanced stage (50% in stage II, 50% in stage III). Almost all patients received surgical treatment with radiation and chemotherapy as adjuvant. External beam radiotherapy (EBRT) and chemotherapy combination with (cisplatin, vinblastine and decarbazin) was given. Average DFS was 9.16 months.

Conclusion The occult nature of their anatomical location contributes to the late presentation and late diagnosis. Because of their rarity, there are currently no established guidelines for the treatment of genital melanomas. Complete resection may be difficult due to their anatomical location, and often resists to chemotherapy and radiotherapy.

Disclosures No conflict of interest.

#459 LOCALLY ADVANCED VULVARY CARCINOMA: WHAT IS THE BEST TREATMENT OPTION?

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Introduction/Background Vulvar cancer accounts less than 1% of malignant neoplasms in women and 3–5% of female genital tumors. Generally, the diagnosis of the disease is given in post-menopausal women aged over 50 years, with 50% being between 70 years and over, in series. However, this neoplasm can also occur in younger patients, series being described with 12 to 15% cases before 45 years of age. The most frequent histological type is squamous cell carcinoma, responsible for 75 to 90% of cases. Vulvar cancer can be cured in its early stages with early detection and timely treatment. It is estimated that 30 to 35% of vulvar cancer cases are in stages III and IV (FIGO). Survival being 43% and 13%, respectively.

Methodology Retrospective study, descriptive type.

Results Surgery remains the first treatment option in resectable locally advanced disease. Primary radiotherapy and neoadjuvant treatment should be secondary options.

Conclusion Vulvar carcinoma represents 4% of gynecological cancers.

- Locally advanced squamous cell carcinoma of the vulva must be individualized, including different forms of presentation and different treatment modalities.
- The clinical presentation and central tumor size is reality in developing countries, and often resistance to chemotherapy and radiotherapy.

Disclosures No existen conflicto de intereses entre el autor ni coautores.

#468 DISCORDANCE IN RECEPTOR STATUS BETWEEN PRIMARY AND RECURRENT BREAST CANCER: PATHOLOGIC CORRELATIONS AND CLINICAL SIGNIFICANCE A SINGLE INSTITUTION ANALYSIS

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Introduction/Background Evaluating hormonal receptor and the human epidermal growth factor receptor 2 (HER2) status in recurrent breast cancer (RBC) have proven to have significant clinical impact.

In some cases, a conversion of receptor status is reported. We aim to determine the conversion rate of HER2, estrogen receptor (ER) and progesterone receptor (PR) between primary tumors and RBC and define clinical significance.

Methodology This study included 45 patients diagnosed with RBC in Salah Azaiez Institute between 2010 and 2021.