

#941 REGRESSION OF HPV- DERIVED VAIN USING AN ADJUVANT TREATMENT WITH A CORIOLUS VERSICOLOR-BASED VAGINAL GEL

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10.1136/ijgc-2023-ESGO.715

Introduction/Background Vaginal intraepithelial neoplasia (VaIN) is considered the precursor lesion of vaginal cancer. Due to its low prevalence (its diagnosis accounts for 0.4% of all premalignant lesions of the lower genital tract) there are few studies in the literature that provide an in-depth understanding of its aetiopathogenesis and natural history. Therefore, it makes clinical management of VaIN a real challenge. Human papillomavirus (HPV) infection has been identified as the causative agent in up to 90% of VaIN cases, with HPV 16 being the most frequent genotype. With these four case reports, we aimed to evaluate the effect of a Coriolus versicolor-based vaginal gel in the management of VaIN lesions.

Abstract #941 Table 1

Patient	Age	Relevant Medical History	Diagnosis	Treatment	Results
1	56 years	<ul style="list-style-type: none"> Simple Hysterectomy 10 years ago Multiple sclerosis with immunosuppressive treatment 	Low-Grade VaIN	6-month treatment with the <i>Coriolus versicolor</i> -based vaginal gel alone	Complete normalization of lesions on cytology and vaginography
2	44 years	<ul style="list-style-type: none"> Persistent multicentric SIL lesions 	High-Grade VaIN and positive for HPV 53	Two CO ₂ vaporizations + adjuvant treatment with the <i>Coriolus versicolor</i> -based vaginal gel for 6 months	Complete normalization of lesions on cytology and vaginography and clearance of HPV
3	49 years	<ul style="list-style-type: none"> Squamous cell carcinoma of the cervix at 37 years old due to infection with HPV 16 and 18, treated with radical hysterectomy, lymphadenectomy, pelvic radiotherapy, brachytherapy, and chemotherapy 	High-Grade VaIN and positive for HPV 53	Excisional treatment + adjuvant treatment with the <i>Coriolus versicolor</i> -based vaginal gel for 6 months	Regression to Low-Grade VaIN on cytology and vaginography and clearance of HPV
4	64 years	<ul style="list-style-type: none"> No relevant past medical history 	High-Grade VaIN (VaIN 3) and positive for HPV 18, 42, & 67	Two laser vaporizations + adjuvant treatment with the <i>Coriolus versicolor</i> -based vaginal gel for 6 months	Complete normalization of lesions on cytology, vaginography, and biopsy and clearance of HPV

Methodology Here we present a series of case reports involving four patients between 44 and 64 years old diagnosed with VaIN through cytology, vaginography and/or biopsy. Two out of the four patients were immunocompromised due to previous history of cancer and multiple sclerosis. The patient diagnosed with low-grade VaIN followed a conservative management with the *Coriolus versicolor*-based vaginal gel alone. The other three patients with high-grade VaIN, were subject to either an excisional treatment or a CO₂/Laser vaporization, in combination with the *Coriolus versicolor*-based vaginal gel for 6 months as an adjuvant treatment. Follow-up cytology,

vaginography, biopsy and HPV tests were performed over time for monitoring patients.

Results After 6 months of adjuvant treatment with the *Coriolus versicolor*-based vaginal gel, all patients showed regression (1 patient) or complete normalization (3 patients) of their lesions in cytology, vaginography, and/or biopsy. Additionally, patients showed negative results for HPV tests.

Conclusion The application of a *Coriolus versicolor*-based vaginal gel could be useful both, in conservative treatment (patients with LSIL VaIN) and in post-intervention treatment to prevent lesion's recurrence and aid in HPV clearance, representing a possible clinical advantage approach in this patient population.

Disclosures .

#1012 HISTOLOGICAL GRADE AS A PROGNOSTIC VALUE OF UTERINE SARCOMAS: CLINICOPATHOLOGICAL ANALYSIS OF A CASE SERIES

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10.1136/ijgc-2023-ESGO.716

Introduction/Background Leiomyosarcomas (LMSM) is an extremely rare tumor (1% of uterine tumors) with a high mortality rate. LMSM is characterized by a high potential for hematogenous metastasis, and high aggressivity. The histological subtype, tumor spread and patient age have all been recognized as important prognostic variables. However, significant issues about the significance of these elements have arisen recently.

Methodology 22 cases of primary and progressive LMSM patients were analyzed in terms of patient age, TNM and grade, time, and place of recurrence. The histological form was evaluated using WHO standards, and the degree of microscopic malignancy was established using the French Federation of Tumor Centers criteria.

Results Recurrences occur most frequently in the lungs (n=15; 68.2%), with just seven instances (31.8%) having local relapses. The tumor formed intramurally in the vast majority of patients (n=21, 95.5%). SMA expression was consistent across all clinical patients.

The time to recurrence development was 14 months in G3 (50% of cases), 26 months in G2, and 24 months in G3 patients (Cox's F-Test, Grade - (1/2) F(10, 12)=1.04; p=0.47; Grade - (1/3) F(15, 17) = 2.9; p = 0.016; Grade - (2/3) F(14, 16) = 2.7; p = 0.027).

Conclusion In contrast to previous research, we were unable to discover a link between tumor size and metastasis. We believe that the grades of ULMS do not vary in metastasis or recurring tumor. Low-grade forms do not advance to high-grade forms. Tumor size and patient age are not independent indicators of disease progression; SMA and Desmin expression intensity is an IHC indicators of leiomyoma histogenesis; tumor grade is an independent and the most important prognostic marker in the therapy of LMSC.

Disclosures No interest of Conflict. No funding.