UPFRONT HYSTERECTOMY PLUS METHOTREXATE VERSUS CHEMOTHERAPY IN MANAGEMENT OF LOW-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA IN PATIENTS AT 40 YEARS OR OLDER. A PROSPECTIVE STUDY

1Reda Hemida*, 1Medhat Othman, 1Ashraf Foda, 1Mohammed Elt, 1Gynecologic Oncology Unit, Department of Obstetrics and Gynecology, Mansoura University, Mansoura, Egypt; 2GTD clinic, Department of Obstetrics and Gynecology, Mansoura University, Mansoura, Egypt; 3Department of Obstetrics and Gynecology, Mansoura University, Mansoura, Egypt

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Introduction/Background Increasing maternal age is a known risk factor of developing molar pregnancy and the progression to gestational trophoblastic neoplasia (GTN); however, its treatment in women aged 40 years and above is poorly studied.

To the best of our knowledge; this is the first prospective study to investigate treatment of GTN at 40 years or older.

Methodology A prospective, non-randomized clinical trial was conducted. It included eighteen women who were diagnosed as low-risk GTN at 40 years and above and were managed at the GTD clinic, Mansoura University hospitals for 2 years from January, 2020 to December, 2022. The decision of treatment was taken according to tumor board recommendations. The remission rate, number of chemotherapy courses, duration of treatment, and complications were compared between the two groups.

Results Ten cases (55.6%) received methotrexate/folinic acid regimen, all of them achieved remission. Hysterectomy plus one course of methotrexate/folinic was performed in 8 out of 18 cases (44.4%). Seven of them (87.5%) achieved remission while one case (12.5%) developed chemoresistance and shifted to EMA/CO combination. Duration of treatment till normalization of B-HCG was shorter in the hysterectomy group (7 versus 9 weeks) yet, it was not statistically significant. Mean number of chemotherapy courses per case for both groups were (1.63 versus 3.1 respectively); which was not significant (P=0.22). No statistically significant difference in number of treatment complications in both groups. No reported relapse during first year of follow up in both groups. No reported mortalities among the studied cases.

Conclusion No significant difference between performing upfront hysterectomy with single-agent chemotherapy and primary chemotherapy as regards, remission, duration of treatment, number of chemotherapy courses, and rate of complications for GTN patients at 40 years or older. A larger randomized-controlled study should be conducted to assess the best strategy for treatment of this age group.

Disclosures No conflict of interests.

COMPLETE HYDATIDIFORM MOLE WITH COEXISTING VIABLE FOETUS: ONCOLOGIC AND OBSTETRIC OUTCOMES

Alberta Ricci*, Laura Luka, Pier Carlo Zorzato, Liliana Galli, Mariachiara Bosco, Simone Garzon, Massimo Piergiuseppe Franchi, Anna Festi, Francesca Magni, Stefano Uccella. Department of Obstetrics and Gynecology, AOUI Verona, University of Verona, Verona, Italy

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Introduction/Background Complete hydatidiform mole with a coexisting viable foetus (CHM-CF) occurs in 1/22,000-100,000 pregnancies and, in these cases, the pregnancy is frequently terminated once diagnosis is made.

Given the lack of evidence regarding the effect of delivery mode on obstetric and oncologic outcomes, we performed a systematic review of the literature to evaluate the oncologic and obstetric outcomes of women with CHM-CF who delivered a viable foetus.

Methodology We systematically searched three databases (Pubmed, Embase, Cinahl) from 1982 to 2020 for articles published in English. We selected articles reporting at least two cases of CHM-CF with at least one alive neonatal birth occurring after 24 gestational weeks with histological confirmation of complete mole.

Results We included 22 articles: 6 case reports and 16 retrospective case series for a total of 97 CHM-CF pregnancies. Persistent trophoblastic disease (PTD) occurred in 34% (31/93), choriocarcinoma in 2% (1/38), and pulmonary metastasis in 10% (4/38) of cases. When treatment information was available, methotrexate was the only reported therapy. No cases of maternal deaths were observed.

The risk of PTD was not associated to either the gestational age at delivery or to the delivery mode (vaginal versus caesarean delivery) while advanced maternal age was associated with an increased risk of PTD.

The average gestational age of delivery was 33 weeks; 31% of women delivered at term (23/73) and 68% preterm (50/73), 61% after 32 weeks and 23% before 28 weeks. Obstetric complications were present in 67% of pregnancies and were the following: vaginal bleeding 53%, preeclampsia 18%,