hyperthyroidism 17%. Preeclampsia was the most common indication for iatrogenic preterm delivery.

Conclusion CHM-CF pregnancy is an obstetric challenge; pregnancy can be continued if no complications occur which might lead to delivery, either spontaneous or iatrogenic. The mode of delivery is not associated with a higher rate of PTD.

Disclosures The authors declare that they have no conflict of interest.

Introduction/Background Gestational trophoblastic neoplasia (GTN) with score >12 represents ultra-high-risk-GTN. Study investigates characteristics, treatment and outcome.

Methodology 14 ultra-high-risk-GTN patients, collected between January 1996 and October 2022, have been analyzed with descriptive statistics.

Results All patients were diagnosed with choriocarcinoma. Average age was 36 years, 28.6% were older than 40. All were symptomatic. Metrorrhagia was present in 57%. 78.6% had systemic symptoms, of these 55% had more than one symptom. 57% had respiratory distress, 14.3% hemorrhagic shock for rupture of arteriovenous malformations (AVMs), 21.4% hypertension, of these, one with chest pain and another with nephrotic syndrome and hypercalcemia, 14.3% neurological symptoms, 21.4% hyperthyroidism, 14.3% gastrointestinal symptoms and two patients with kidney failure. Average serum β-hCG was 9773643 IU/L (477–3000000). Antecedent pregnancy was a term in 964.3%. Time interval from antecedent pregnancy was ≥12 months in 50%. All had lung metastases and 1178.6%) brain and/or liver metastases. Average FIGO (International Federation Gynecology Obstetrics) score was 16 (14–18). 964.3% were treated with EMA/CO (etoposide-methotrexate-dactinomycin/cyclophosphamide-vincristine) while 171% was treated with EP/EMA (etoposide-cisplatin/EMA) and 428.6% with EP/EMA with high-dose of methotrexate. From 1996 to 2004 patients did not induction with low-dose etoposide-cisplatin (EP), 7 patients. One patient died after first chemotherapy cycle. 4 received a second line for resistance development and one of them performed a third line for progression but died during treatment. All had alopecia and myelosuppression after each chemotherapy. After 2004, of 7 patients who performed EP-induction. All had alopecia and myelosuppression, 4 had oral mucositis of which one needed parenteral nutrition and had to change treatment. A patient developed corticosteroid-psychotic-disorder and another Posterior-Reversible-Encephalopathy-Syndrome-(PRES). One had disease progression, deceased from rupture of pulmonary AVMs.

Conclusion Ultra-high-risk-GTN is a systemic pathology such as to require medical observation both at diagnosis and during treatment. Standard regimen should be EMA/EP preceded by low-dose EP.

Disclosures The authors declare no conflict of interest.