

in patients presenting with abnormal uterine bleeding in the perimenopausal period.

Disclosures Since the beta hCG values of the patient decreased rapidly after the operation and no metastases were detected, a 12-month follow-up was recommended, weekly until the beta hCG value was negative and monthly after it became negative.

#733 CHORIOCARCINOMA IN YOUNG PATIENTS AFTER SECTIO CAESAREA: A CASE REPORT

¹Vesna Krsic*, ²Jovan Krsic, ³Jovan Milojevic, ⁴Vesna Jovanovic, ⁵Jovana Serafimovic, ⁶Biljana Jovic Pivac. ¹GAK Narodni front, Belgrade, Serbia; ²Medical Military Academy of Belgrade, Belgrade, Serbia; ³OBGYN Department of General hospital Lazarevac, Lazarevac, Serbia; ⁴Higher educational Institution for nurses, Belgrade, Belgrade, Serbia; ⁵Dom zdravlja Zvezdara, Belgrade, Serbia; ⁶GAK Narodni front, Belgrade, Serbia

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Introduction/Background Choriocarcinoma is a malignant neoplasm with its origin in the trophoblast. It can be found after every pregnancy, but especially after a pregnancy complicated by mola hydatidosis (complication in 2–3% of all molas).



Abstract #733 Figure 1

Methodology A 25-year-old female patient was admitted to our hospital for profuse bleeding 30 days after cesarean delivery.

The patient is an otherwise healthy young woman who was giving birth for the third time. Previous deliveries were Sectio Caesarea.

After the cesarean section, she had a curving curve and 4 exploratory curettages were performed.

The histopathological findings of the first three exploratory curettages indicated a normal endometrium, while the findings of the fourth exploratory curettage were hydatidiform moles. The primary biochemical marker, used in treatment and prognosis is hCG. beta hCG values ranged from 7000 I.U. after the second exploratory curettage to 66000i.j. after four.

Since the bleeding was becoming more and more abundant, a fifth exploratory curettage was performed and the findings confirmed the diagnosis of choriocarcinoma.

Results After the last histopathological findings, the patient underwent a hysterectomy with bilateral adnexectomy, and methotrexate was included in the therapy according to the scheme.

The patient does not have distant metastases because all other findings are normal and after the second dose of chemotherapy the value of beta hcg dropped to 5000,i.i.j.

Conclusion Choriocarcinoma is a rare disease, but when we have to calv after pregnancy, we have to think about this disease, because in our case we could not easily reach the correct diagnosis, so it took a long time to get the proper treatment.

Disclosures There are different prognostic systems for choriocarcinoma: the presence of metastases, level of hCG in urine and plasma, and end of last pregnancy.

13. Vaginal and Vulvar Cancer

#78 NEUTROPHIL/LYMPHOCYTE RATIO (NLR) AND PLATELET/LYMPHOCYTE RATIO (PLR) ARE ASSOCIATED WITH ADVERSE OVERALL SURVIVAL OUTCOMES IN PATIENTS WHO RECEIVE RADICAL RADIOTHERAPY FOR LOCALLY ADVANCED VULVAR CANCER

¹Joanna Grech, ²Philip Mcloone, ³Azmat Sadozye, ³Rosie Harrand, ³Ashleigh Kerr, ³Sharon Armstrong, ³Kathryn Graham*. ¹Sir Anthony Mamo Oncology Centre, Msida, Malta; ²University of Glasgow, Glasgow, UK; ³Beatson West of Scotland Cancer Centre, Glasgow, UK

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Introduction/Background Radical radiotherapy (RT) is an important treatment modality in the management of locally advanced vulvar cancer. Pre-treatment markers of inflammation, such as neutrophil/lymphocyte ratio (NLR) and platelet/lymphocyte ratio (PLR), are associated with unfavourable outcomes in various gynaecological malignancies but there is a paucity of data in vulvar cancer. Research to date has focussed on predicting lymph node involvement pre-operatively. Here, we evaluated the impact of NLR/PLR on overall survival in patients undergoing RT for inoperable squamous cell carcinoma of vulva.

Methodology The central radiotherapy prescribing system at the Beatson West of Scotland Cancer Centre was interrogated to identify patients who commenced radical RT (or chemoradiotherapy (CRT)), 1st January 2016 to 31st December 2021, including those who received neoadjuvant chemotherapy (NACT) prior to RT/CRT. NLR and PLR were calculated from neutrophil, lymphocyte, and platelet levels obtained within 28 days of commencing RT/CRT, or NACT. Statistical analysis was performed on Stata[®]. Cox proportional hazards models were used to estimate unadjusted hazard ratios (HR) for survival.

Results In total, 64 patients were identified; 34 (53%) RT/CRT and 30 (47%) had NACT followed by RT/CRT. Patient demographics, tumour characteristics, and treatment details are illustrated in table 1. Median follow up was 23.5 months (range 2–93 months). By the study end (31st December 2022), 35 (55%) patients had relapsed and 33 (51%) had died. Univariate analysis revealed that age >70 years, median EQD2, use of concomitant cisplatin (but not NACT), and NLR/PLR were associated with survival. Multivariate analysis demonstrated that NLR (HR 2.09, CI 1.23–3.53, $p < 0.05$) and PLR (HR 1.62, CI 1.06–2.48, $p < 0.05$) were significantly associated with survival.

Abstract #78 Table 1

Characteristic		RT/CRT, n=34	NACT + RT/CRT, n=30
Age	Median (Range)	74.5 (41-87)	61.5 (30-87)
Smoker	Yes / Ex	15 (44%)	14 (47%)
	No / Unknown	19 (56%)	16 (53%)
Grade	1-2	28 (82%)	10 (33%)
	3	6 (18%)	20 (67%)
FIGO Stage	1-2	23 (68%)	10 (33%)
	3-4	11 (32%)	20 (67%)
Concomitant cisplatin	Yes	15 (44%)	16 (53%)
	No	19 (56%)	14 (47%)
Tumour size (mm)	Median (Range)	40 (15-100)	54 (9-110)
EQD2 – α/β_{10}	Median (Range)	58.4 (17.4-68.8)	62.7 (44.3-79.8)
NLR	Median (Range)	3.04 (0.94-15.33)	2.1 (0.73-17.66)
PLR	Median (Range)	193 (72.86-753.33)	174.47 (30.5-700)

Conclusion NLR and PLR correlate with poorer overall survival in patients receiving radical RT/CRT for vulvar cancer.
Disclosures None

#93 ANXIETY AND DEPRESSION IN WOMEN WITH NEWLY DIAGNOSED VULVAR CANCER – A NATIONWIDE PROSPECTIVE LONGITUDINAL STUDY

^{1,2}Diana Zach*, ³Elisabeth Åvall Lundqvist, ¹Henrik Falconer, ³Preben Kjølhede, ⁴Zuzana Kolkova, ⁵Katja Stenström Bohlin, ²Johan Zetterqvist, ⁶Pernille T Jensen, ¹Angelique Flöter Rådestad. ¹Karolinska University Hospital, Stockholm, Sweden; ²Karolinska Institutet, Stockholm, Sweden; ³Linköping University, Linköping, Sweden; ⁴Lund University Hospital Skåne, Lund, Sweden; ⁵Sahlgrenska Academy, Gothenburg, Sweden; ⁶Aarhus University Hospital, Aarhus, Denmark

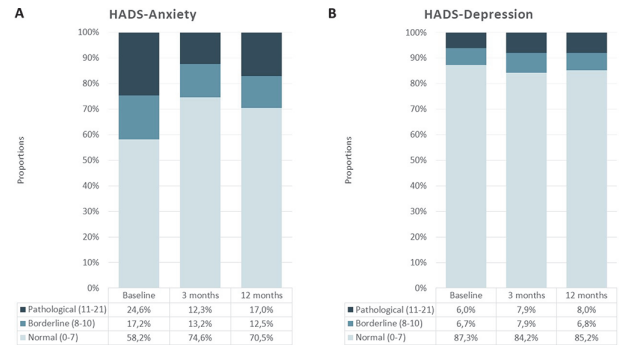
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Introduction/Background A cancer diagnosis can cause psychological stress. Knowledge about risk factors and the trajectory of anxiety and depression in women with vulvar cancer is pertinent to allow the development of intervention programs.
Methodology This prospective longitudinal nationwide cohort study investigated anxiety and depression by validated patient reported outcome measures. Women with primary vulvar cancer diagnosed between 2019 and 2021 completed the Hospital Anxiety and Depression Scale, the European Organization of Research and Treatment of Cancer Quality of Life Core Questionnaire C30 and the Vulvar Module VU34 at diagnosis and 3 and 12 months post-treatment. Multivariate log-linear regression models and generalized estimated equations with repeated measurements were employed for longitudinal analyses to evaluate associations and changes over time.
Results In total, 105 (72%) women completed the questionnaires at all time-points. Median age was 69 years and most

(74%) were diagnosed at FIGO stages IA-II, 97% underwent surgery.

The proportion of women with elevated anxiety levels decreased significantly from 42% at diagnosis to 30% after 12 months. 14% of the women showed elevated depression levels which remained stable during follow-up (figure 1).

A higher level of anxiety was significantly associated with a higher prevalence of insomnia (RR 2.1, 95% CI 1.2–3.7) and vulvar symptoms (pain, itching, tearing, irritation, or sore skin) (RR 2.8, 95% CI 1.7–4.6). No associations were found with stage of disease, type of treatment, or partner status. There was a trend towards higher levels of anxiety and younger age (< 65 years, RR 1.5, 95% CI 1.0–2.5).



Abstract #93 Figure 1 Proportions of women with normal, borderline, and pathological levels of anxiety (A) and depression (B) at baseline (i.e., before start of treatment), 3 months and 12 months after completed treatment, n=105.

Conclusion Almost every second woman with vulvar cancer experiences high levels of anxiety at diagnosis. Despite a significant improvement over time, still almost every third woman reports high levels of anxiety 12 months post treatment and may benefit from psychosocial intervention. Targeting insomnia and vulvar symptoms could decrease anxiety.

Disclosures No disclosures

#95 PHOTODYNAMIC DIAGNOSIS OF A PRE-MALIGNANT LESIONS AND CANCER OF VULVA

Sabina Murshudova*. National Center of Oncology, Baku, Azerbaijan

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Introduction/Background An early detection and a precise localization of vulvar lesions are still problematic issues, due to the lack of accuracy of the available diagnostic tool. The 5-aminolevulinic acid (5-ALA) based fluorescence diagnosis (FD) has been found to be promising for an early detection and demarcation of the vulvar diseases.

Methodology We analyzed sensitivity and specificity of FD in 22 patients with vulvar disorders, vulvar intraepithelial neoplasia (VIN), and vulvar carcinoma stage IA. 5-ALA was topically applied to the vulva. After topical application of the cream, the fluorescence was non-invasively measured with optical fiber and biopsies were taken.

Results Histological assessment of the fluorescence-directed biopsies revealed 14 patients with VIN and vulvar cancer, 8 patients had lichen sclerosus and squamous cell hyperplasia.