

inhibitors. This type of tumor may be a good target of immune checkpoint inhibitors.

EP411/#1297

**PROGNOSTIC FACTORS ASSOCIATED WITH ULTRA-HIGH-RISK GESTATIONAL TROPHOBLASTIC NEOPLASIA**

<sup>1</sup>Philippe Poli\*, <sup>2</sup>Donah Oeri, <sup>2</sup>Diana Sheba, <sup>2</sup>Amina Rh, <sup>2</sup>Smith Lorenzo, <sup>2</sup>Richard Mogeni, <sup>2,3</sup>Wycliffe Kosgei, <sup>2,3</sup>Wilson Aruasa, <sup>2</sup>Philiph Tonui, <sup>1</sup>Peter Itsura, <sup>4</sup>Elkanah Omenge. <sup>1</sup>Moi Teaching and Referral Hospital, Gynecology-oncology, Eldoret, Kenya; <sup>2</sup>Moi University, Reproductive Health, Eldoret, Kenya; <sup>3</sup>Moi Teaching and Referral Hospital, Reproductive Health, Eldoret, Kenya; <sup>4</sup>Aga Khan University, Obstetrics and Gynecology, Eldoret, Kenya

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**Introduction** The aim of this study was to determine the prognostic factors associated with ultra-high-risk gestational trophoblastic neoplasia (UHR-GTN). Globally, women diagnosed with UHR-GTN have poor outcomes, despite the disease being the most curable gynecological malignancy.

**Methods** This was a hospital-based retrospective study that was carried out at Moi Teaching and referral hospital from 2017 to 2023. The prognostic factors analyzed included patients, treatment, and disease factors.

**Results** A total of 14 patients with UHR-GTN had their medical records reviewed. There was a 50% mortality rate. Mortality was higher among patients aged < 40 years old [85.7% vs 14.3%, p=0.23]. A high mortality rate was reported among women with anemia (100%) and septicemia (42.9%). Most patients with an initial β-hCG of > 1,000,000 died from the disease [85.7% vs 14.3%, p=1.00]. Mortality from patients

**Abstract EP411/#1297 Table 2 Association between Mortality with patient, disease, and treatment factors (n = 14)**

Variables	Mortality				χ <sup>2</sup>	*p
	Yes (n = 7)		No (n = 7)			
	No.	%	No.	%		
<b>Patient factors</b>						
Patient's age (years old)						
<40	5	85.7	3	42.9	2.800	0.236
≥40	1	14.3	4	57.1		
Comorbidity						
Yes	7	100.0	5	85.7	1.097	1.000
No	0	0.0	1	14.3		
Patient's ECOG performance index						
≤2	5	85.7	7	100.0	1.097	1.000
>2	1	14.3	0	0.0		
Weight loss (BMI)						
<18 Kg/m <sup>2</sup>	2	28.6	3	42.9	0.311	1.000
>18 Kg/m <sup>2</sup>	5	71.4	4	57.1		
<b>Disease factors</b>						
Liver metastasis	3	42.9	2	28.6	0.311	1.000
Brain metastasis	3	42.9	1	14.3	1.400	0.559
GI metastasis	1	14.3	0	0.0	1.097	1.000
Spleen metastasis	0	0.0	1	14.3	1.097	1.000
Lung metastasis	7	100.0	7	100.0	-	-
Yes	7	100.0	7	100.0	-	-
Site of metastasis						
2 sites	2	28.6	7	100.0	2.333	*p=0.462
≥3 sites	5	71.4	0	0.0		
Size of the metastatic lesions						
<3 cm	1	14.3	5	71.4	4.667	*p=0.103
≥3 cm	6	85.7	2	28.6		
Stage IV disease (FIGO staging)						
Yes	7	100.0	7	100.0	-	-
No	0	0.0	0	0.0	-	-
Histologic type of GTN						
Choriocarcinoma	6	85.7	3	42.9	2.900	*p=0.565
Invasive mole	0	0.0	1	14.3		
Not in file	1	14.3	3	42.9		
Persistent elevated β-hCG titre						
Yes	4	57.1	1	14.3	2.900	*p=0.236
No	3	42.9	6	85.7		
<b>Treatment factors</b>						
Previous chemotherapy	1	14.3	2	28.6	0.311	1.000
<b>Treatment Received</b>						
Chemotherapy only	3	42.9	2	28.6	0.311	1.000
Chemotherapy, chemotherapy and surgery	4	57.1	5	71.4		
Dexamethasone administration	7	100.0	7	100.0	-	-
Hysterectomy	3	42.9	3	42.9	0.000	1.000
Dilatation and curettage	0	0.0	2	28.6	2.333	0.562
Consistently	0	0.0	1	14.3	1.097	1.000
Delay (in days) for initiating treatment						
> 7 days	6	85.7	2	28.6	4.667	0.100
< 7 days	1	14.3	5	71.4		
Delay in continuing with treatment initiated						
> 7 days	5	71.4	5	71.4	0.000	1.000
< 7 days	2	28.6	2	28.6		
<b>Treatment regimens</b>						
EMA/EP	0	0.0	2	28.6	3.921	0.796
EP/EMA	2	28.6	2	28.6		
TE/TP	1	14.3	0	0.0		
EM/EG	2	28.6	2	28.6		
Planned to start EMA/EP	1	14.3	0	0.0		
EP/EMA then TE/TP	1	14.3	1	14.3		
<b>Completed follow-up</b>						
Completed the treatment	0	0.0	4	57.1	5.400	0.059
Completed follow-up	0	0.0	3	42.9	3.818	0.192
Dosage of chemo drug correct	7	100.0	7	100.0	-	-
Persistence bleeding	5	85.7	1	14.3	7.143	0.009
Drop by 15% of β-hCG titre	3	42.9	6	85.7	2.900	0.236

**Abstract EP411/#1297 Table 1 Association between Mortality and socio-demographics and clinical characteristics obstetrics (n = 14)**

Variables	Mortality				χ <sup>2</sup>	P
	Yes (n = 7)		No (n = 7)			
	No.	%	No.	%		
<b>Age (years)</b>						
18-24	3	42.9	0	0.0	6.200	0.387
25-30	1	14.3	1	14.3		
31-36	1	14.3	2	28.6		
37-42	1	14.3	2	28.6		
43-48	1	14.3	0	0.0		
≥49	0	0.0	2	28.6		
<b>Marital status</b>						
Single	2	28.6	1	14.3	0.424	*p=1.000
Married	5	71.4	6	85.7		
<b>Education level</b>						
Primary	3	42.9	3	42.9	0.372	NS, p=1.000
Secondary	1	14.3	1	14.3		
Tertiary	3	42.9	3	42.9		
<b>Employment status</b>						
Employed	0	0.0	2	28.6	2.159	NS, p=0.551
Unemployed	2	28.6	1	14.3		
Housewife	5	71.4	4	57.1		
<b>Health insurance cover</b>						
Yes	6	85.7	5	71.4	0.424	*p=1.000
No	1	14.3	2	28.6		
<b>Parity</b>						
Nulliparous	2	28.6	0	0.0	3.450	NS, p=0.471
Multiparous (≥1 delivery at ≥26 weeks)	3	42.9	2	28.6		
Grand multiparous (≥4 deliveries)	2	28.6	4	57.1		
Not in file	0	0.0	1	14.3		
<b>Pregnancy loss</b>						
Yes	5	71.4	2	28.6	2.775	NS, p=0.287
No	2	28.6	4	57.1		
Not in file	0	0.0	1	14.3		
<b>History of molar pregnancy</b>						
Yes	2	28.6	2	28.6	1.178	NS, p=1.000
No	5	71.4	4	57.1		
Not in file	0	0.0	1	14.3		
<b>Comorbidities</b>						
Hypertension	0	0.0	1	14.3	1.077	*p=1.000
BMI >25 Kg/m <sup>2</sup>	2	28.6	2	28.6	0.000	*p=1.000
Septicemia	3	42.9	1	14.3	1.400	*p=0.559
Venous thromboembolism	1	14.3	0	0.0	1.077	*p=1.000
Anemia (Hb <10g/dl)	7	100.0	7	100.0	-	-
<b>Initial β-hCG titre</b>						
<1,000,000	1	14.3	7	100.0	1.077	*p=1.000
>1,000,000	6	85.7	0	0.0		

χ<sup>2</sup>: Chi square test; MC: Monte Carlo; FE: Fisher Exact; \*p value for comparison between the studied categories

EP412/#446

**EFFECT OF PULMONARY RESECTION ON INITIALLY TREATED PATIENTS WITH RESIDUAL LESIONS OF PULMONARY METASTASIS FROM GESTATIONAL TROPHOBLASTIC NEOPLASIA: A CLINICAL RETROSPECTIVE ANALYSIS**

<sup>1</sup>Weidi Wang\*, <sup>1</sup>Yujia Kong, <sup>1</sup>Junjun Yang, <sup>2</sup>Yang Xiang. <sup>1</sup>Peking Union Medical College Hospital, Gynaecology and Obstetrics, Beijing, China; <sup>2</sup>Peking Union Medical College Hospital, Department of Obstetrics and Gynecology, Beijing, China

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**Introduction** To evaluate the prognosis and recurrence in initially treated patients with pulmonary metastasis from gestational trophoblastic neoplasia (GTN), and to explore the clinical significance of pulmonary resection.

**Methods** Retrospective analysis was performed on 606 GTN patients with pulmonary metastasis who received standardized chemotherapy as initial treatment in Peking Union Medical College Hospital (PUMCH) from January 2002 to December 2018. The patients were divided into the surgery (51 patients) and non-surgery groups (555 patients). The prognosis of these patients was compared. Risk factors affecting recurrence were analyzed to explore the effect of pulmonary resection.

**Results** Among low-risk patients, CR rate is 100% and recurrence rate is below 1% in both groups. Among high-risk patients, CR rate and recurrence rate are 93.5% and 10.3% in the surgery group and 94.7% and 14.3% in the non-surgery group, respectively. There was no significant difference in all prognosis features between the two groups (all with  $P > 0.05$ ). No significant difference was found in recurrence rates considering the recurrence risk factors ( $\geq 3.2$  cm residual lung lesions; FIGO score  $\geq 9.0$ ; drug resistance) between the two groups (all with  $P > 0.05$ ).

**Conclusion/Implications** After standardized chemotherapy, pulmonary resection is not necessary for initially treated stage III GTN patients whose blood  $\beta$ -hCG drop to normal levels and residual lung lesions remain stable. These patients should be closely monitored during the follow-up regardless of the size of residual lung lesions or high/low risk score, especially within 1 year after CR.

EP413/#15

#### A CASE SERIES OF EIGHT PATIENTS WITH GESTATIONAL TROPHOBLASTIC NEOPLASIA: CLINICAL AND BIOLOGICAL CHARACTERISTICS AND OUTCOME

Aref Zribi\*, Ikram Burney, Saria Bala, Moza Al Kalbani, Hajar Saif Alzahibi. *The Sultan Qaboos Comprehensive Cancer Care and Research, Medical Oncology, muscat, Oman*

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**Introduction** Gestational trophoblastic neoplasia (GTN) are a rare group of tumors that arise from the placental villous.

**Methods** We report the presenting features, treatment, and outcomes of patients diagnosed to have GTN over a nine-year period in a single institution. Patients diagnosed to have hydatidiform mole were excluded.

**Results** Between 2013 and 2022, a total of 8 patients were diagnosed to have GTN. Median age was 37 (26–52) years. One patient was diagnosed to have metastatic disease 2 years after menopause. Six patients presented with vaginal bleeding, and one each with dyspnea and headache. Three patients had an antecedent history of hydatidiform mole, while 4 patients had antecedent full-term pregnancy. One patient presented with CNS metastasis, while one had co-incidental atypical meningioma. 05 patients presented with pulmonary metastasis. Splenic artery embolization was employed in one patient to arrest spontaneous retro-peritoneal bleed. Pre-treatment human chorionic gonadotropin ( $\beta$ -HCG) ranged between 4,300 to  $1.29 \times 10^6$  IU/L. According to the FIGO criteria, six patients had high risk disease. These patients received either EMA/CO (etoposide, methotrexate and actinomycin, oncovin cyclophosphamide) (4 patients), or BEP (2 patients). One patient required hysterectomy. Median time to response was 6.8 (04 to 12) weeks. Treatment was continued for 06 weeks after serological remission. All patients are in continuous complete remission.

**Conclusion/Implications** The prevalence of GTN among Omani population is unknown and there is need to collect and report data on consecutive patients. Standard-of-care treatment ensures an excellent prognosis.

## AS22. Vulvar and vaginal cancer

EP414/#1443

#### TREATMENT OUTCOME IN PATIENTS WITH VULVAR CANCER: AN INSTITUTIONAL EXPERIENCE IN BANGLADESH

Farhana Kalam\*, Shahana Pervin. *National Institute of Cancer Research and Hospital, Gynecologic Oncology, Dhaka, Bangladesh*

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#### Introduction

**Objective** This study evaluated the risk factors, clinical presentation and different modalities of treatment and survival outcome of vulvar cancer patients.

**Methods** Method: This was a cohort study of 76 cases diagnosed as vulvar cancer in National Institute of Cancer Research & Hospital from July 2015 to June 2020. Risk factors, stage of disease, treatment modalities, disease outcomes and survival were analyzed. Kaplan-Meier curve was used to determine the predictors for progression free survival and overall survival.

**Results** Mean age of the patients was 54.5 years and 52.6% patients were below 40 years. The percentages of the patients with FIGO stage I, II, III and IV were 14.5%, 34.2%, 28.9%, and 7.9% respectively. About 68% had positive inguinal nodes and 20 (26.3%) were HPV positive. Squamous cell carcinoma (81.6%) was the predominant type. Equal number of patients (21, 27.6%) were treated by Wide Local Excision with Bilateral Groin Node Dissection (BGND) and by Radical Vulvectomy with BGND, 11 (14.5%) received CCRT. Forty-four patients (57.9%) were in irregular follow up. About 13% patients experienced local recurrence, 35 (46.1%) cured, 12 (15.8%) expired, 18 (23.7%) were alive with disease & rest were lost to follow up. Overall survival was 77.1 months. At the end of the five year 63.6, 38.2 and 9.09 percents of patients of Stage I, II and III were alive respectively.

**Conclusion/Implications** Vulvar cancer can occur below 40 years of age. Surgical treatment is the best option in the early stage of disease (Stage I and II) and gives high survival rates.

EP415/#186

#### IS ROBOTIC-ASSISTED SURGERY A BETTER CHOICE IN VAGINECTOMY OF COMPLICATED VAGINAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS THAN CONVENTIONAL LAPAROSCOPIC SURGERY?

Yana Liu\*, Ruixia Guo. *The First Affiliated Hospital of Zhengzhou University, Gynecology, Zhengzhou, China*

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**Introduction** The aim of this study was to evaluate the operative outcomes of robotic-assisted laparoscopic vaginectomy (RALV) and conventional laparoscopic vaginectomy (CLV) for patients with complicated vaginal high-grade squamous intraepithelial lesions (HSIL).