**8056** POSTER

**Results of chemotherapy with etoposide, methotrexate, cyclophosphamide, actinomycine D and cisplatin (EMCAP) chemotherapy for high risk gestational trophoblastic neoplasia, a retrospective study by the Dutch Working Party on Trophoblastic Tumors**

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**Background:** In 1982 a schedule with etoposide (100 mg/m$^2$ day 1−5), methotrexate (300 mg/m$^2$ day 1), cyclophosphamide (600 mg/m$^2$ day 1), actinomycine D (0.6 mg/m$^2$ day 2), cisplatin (60 mg/m$^2$ day 4 (EMCAP), q 21 days, was developed for the treatment of high risk Gestational Trophoblastic Neoplasia (GTN) in the Netherlands.
**Methods:** To assess the efficiency and toxicity of this combination chemotherapy, a retrospective study was conducted on high risk GTN patients registered between 1982 and 2009 by the Dutch Working Party on Trophoblastic Tumors (DWTT).
**Results:** Fifty-seven patients received 236 treatment cycles. Sixteen primarily high risk patients (28.1%, group 1) were treated primarily with EMCAP, 41 (71.9%, group 2) were treated secondarily after failure of single agent or combination chemotherapy. Adjuvant surgery was used in 5 patients. The median observation time was 35 months (range 3 to 284 months). The overall 3-year survival rate was 94.7%; 87.5% for group 1, and 97.6% for group 2. Eight patients progressed after chemotherapy, of whom 2 died, 3 patients progressed during chemotherapy (1 died), and 2 patients, despite a sufficiently decreasing serum hCG + hCGβ, chose surgery instead of continuing EMCAP. The median time period between the first treatment cycle of EMCAP and progression was 7 months. Seven patients underwent salvage surgery, 1 underwent high dose chemotherapy with bone marrow transplantation, and 5 underwent both chemotherapy and surgery after EMCAP treatment. In 236 treatment cycles dose reduction occurred in 23 cycles, treatment delay in 28 cycles, and both occurred in 7 cycles. The most common reason for dose reduction and treatment delay was leucocytopenia in 53.3% (16/30) and 54.3% (19/35), respectively. Nausea grade 3 or 4 was reported in 12 of 57 patients. Neuropathy more than grade 2 was not reported. Regarding long term toxicity, 3 patients developed a secondary Acute Myeloid Leukemia (AML), of which 2 were cured and 1 died.
**Conclusion:** EMCAP combination chemotherapy is considered an effective treatment for high-risk GTN. However, it should be noted that there is a relatively high risk of developing secondary malignancy which is most likely brought about by etoposide.

**8057** POSTER

**How relevant is the CA-125 monitoring for patients with ovarian cancer in the follow-up? - Results from a multicenter survey in 1060 patients with ovarian cancer**

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**Backround:** The potential benefit of CA-125 controls in the absence clinical symptoms In the follow-up periode are still unclear, CA-125 monitoring is frequently applied in the clinical routine.of ovarian cancer patients (OC). To evaluate the expectations and preferences of patients with OC we initiated the present multi-institutional survey.
**Methods:** A semi-structered consisting 15 questions was developed in a pilot-study of 20 patients. After this validation all gynecological departments and gynecological-oncological practices were invited to participate in this trial using an anonynomous print version of the questionaire.
**Results:** Between 12/2006 and 12/2007 a total of 1060 patients were enrolled. The median age of the patients was 58 years (range, 16−87). 60% of the patients had primary ovarian cancer, 40% had relapsed ovarian cancer. Patients were informed about the procedures and goals of follow up care predominantly after primary surgery (62.5%), 15.7% after last cycle of first-line chemotherapy, 7.7% were informed only at the first follow-up visit in the after care unit and 9.2% stated that they had never received any information about their cancer care management. The visits were mostly performed by gynaecologists in a gynaecological practice (56.9%) and in hospitals (49.5%). In more than 90% of OC CA 125 measurements were done. These were the procedure with highest anxiety but also the most important procedure in the patient's opinion.
**Discussion and Conclusions:** The present study underlines the high clinical need for a detailed discussion between patients and their physicians about the primary goals of the cancer care procedures to avoid misunderstanding and unsatisfaction.

**8058** POSTER

**Serous papillary peritoneal carcinoma: unknown primary tumour, ovarian cancer counterpart or a distinct entity? A systematic review**

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**Introduction:** Serous peritoneal papillary carcinoma (SPPC), though managed according to ovarian cancer therapeutic principles, has been variably considered as an ovarian cancer counterpart, a peritoneal malignancy with distinct characteristics or a cancer of unknown primary (CUP).
**Patients and Methods:** We systematically reviewed all publications studying molecular pathophysiology, clinical presentation, management and outcome of at least ten patients with SPPC from 1980 to 2008 in anglophone medical journals and critically analyzed the data.
**Results:** Molecular profiling of CUP was performed in eight papers reporting on 211 patients with stage III/IV SPPC by means of immunohistochemistry or PCR-based assays. Twenty-five clinical series, mostly retrospetive, reported management and outcome of 579 patiens with SPPC, in several cases matched to advanced ovarian cancer controls. Though we did not identify statistically significant differences in molecular biology, clinical presentation, management and outcome of SPPC and ovarian cancer cases, some subtle differences emerged: Patterns of loss of heterozygosity at several chromosomal loci differed from those seen in ovarian cancer, while the overexpression of the HER2 oncogene was encountered more often. Serous peritoneal tumours affected older patients and were more frequently multifocal or exhibited virulent clonal expansion in metastatic sites. Diffuse micronodular spread formed a high total load of malignancy in omental, peritoneal surfaces, difficult to debulk optimally. Despite effective chemotherapeutic cytoreduction and occasional long-term remissions, SPPC patients survived 2−6 months less than ovarian cancer patients.
**Conclusions:** Patients with SPPC should not be classified in the poor-risk CUP category, in view of the therapeutic and prognostic differences. Still, the assimilation of the SPPC entity by ovarian cancer hindered further research into its genotypic and phenotypic characteristics that may differ from ovarian cancer. Subgroup analyses of large ovarian cancer trials may shed light in this issue.

**8059** POSTER

**Multicenter survey of 323 gynaecological departments in Germany: current standards in the clinical management of borderline tumours of the ovary**

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**Background:** The aim of this survey was to analyze the current standards in diagnostic, surgery, chemotherapy and aftercare management of patients with borderline tumors of the ovary (BOT) in German gynecological departments.
**Methods:** Using a questionnaire comprising different clinical aspects of the treatment of BOT 323 gynecological departments were anonymously