133. TROPHOBLASTIC TUMOUR, UNCLASSIFIED WITH EXTENSIVE METASTASIS ASSOCIATED WITH AN UNEVENTFUL PREGNANCY – A CASE REPORT

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Malignant gestational trophoblastic disease is an uncommon disease which is often preceded by abnormal pregnancy or, very rarely, associated with uncompleted pregnancy. Here we report a recent case of a poorly differentiated placental malignancy with choriocarcinomatous features with extensive metastasis diagnosed in pregnancy. The patient is a 33 year old G3P1 female who initially presented symptoms of 5 weeks of shortness of breath and 1 week of haemoptysis at gestational age of 33 weeks in December 2014. Chest computed tomography scan and echocardiogram showed a large pulmonary mass extending into the left atrium through right pulmonary vein. A multidisciplinary decision was made to deliver the current 'uneventful' pregnancy followed by biopsy of the lung lesion. An elective Cesarean section delivered a healthy baby boy. Macroscopic examination of the placenta revealed multiple cream to pale firm nodules measuring 2 mm to 15 mm in maximum dimension. Microscopically, the cellular tumour showed high grade epithelioid to spindle shaped cells some of which were of a rhabdoid appearance. Monstrous tumour giant cells were present imparting the tumour a choriocarcinomatous appearance. However, there were no apparent haemorrhage or tumour necrosis. Immunohistochemistry study showed that tumour cells were positive for CD10, vimentin, CK8/18 and focally positive for beta-HCG and NSE. The tumour was negative for HPL, PLAP, inhibin, SALL4, OCT4, PAX8, TTF1, Napsin A, CD56, synaptophysin, chromogranin, beta catenin, oestrogen receptor, progesterone receptor, HER2, Melan A, HMB45, S100, CK7, CK20, CK19, C-Kit and CD99. Neither EGFR or BRAF was positive. Given the clinical history, patient demographics, morphology features and immunohistochemistry results, the tumour was regarded for pragmatic reasons as trophoblastic tumour, unclassified. Further investigation including PET scan and brain MRI indicated multiple metastatic lesions involving brain, lung, mediastinal nodes, pericardium, breast, liver, adrenal gland, bones, and scalp. Pathology result of the scalp biopsy showed metastatic tumour cells with similar features as the placental counterpart. Chemotherapy was then employed and the patient initially responded well. After three months, however, there was biochemical and radiological evidence of relapse and despite second-line chemotherapy she then relapsed with multiple cerebral haemorrhagic metastasis. The patient subsequently continued to deteriorate and no further active treatment is planned.

134. PLASMA ctDNA FOR THE DETECTION OF EGFR MUTATION STATUS IN ADVANCED NSCLC (aNSCLC) AS PER LOCAL DIAGNOSTIC PRACTICES: JAPANESE SUBSET DATA FROM ASSESS

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Background: ASSESS (a large, multicentre, non-interventional, diagnostic study; NCT01785888) evaluated *EGFR* mutation status concordance between ctDNA and tissue in patients with aNSCLC in Europe/Japan.

Aim: To determine the utility of ctDNA for detection of *EGFR* mutation status in real-world practice.

Methods: Eligible patients: local/metastatic aNSCLC; chemotherapy-naïve, newly diagnosed/recurrent disease after resection; ineligible for curative treatment. We report *EGFR* mutation status concordance between matched plasma and tissue/cytology samples (primary endpoint) in the subset of patients from Japan.

Results: Three hundred Japanese patients enrolled: 291 eligible; 281 tissue/cytology evaluable; 291 plasma evaluable. Most common reason for not testing tissue/cytology sample: insufficient material provided (56% [5/9 responses]). Mutation status concordance in 281 matched samples: 81% (95% CI 76–85); sensitivity: 40% (29–51); specificity: 99% (96–100); positive predictive value (PPV): 94% (81–99); negative PV (NPV): 79% (73–84). In a subset of 94 patients, sensitivity increased from 17% to 52% when plasma was retested using optimised ctDNA extraction methods designed for smaller, fragmented DNA. Overall concordance, sensitivity, PPV, and NPV were higher when optimised extraction data were incorporated: concordance, 84% (80–88); sensitivity, 51% (40–62); PPV, 96% (85–100); NPV, 82% (77–87); specificity remained constant.

Conclusions: These first real-world data suggest ctDNA is a feasible, suitable sample type for *EGFR* mutation analysis; high-quality, robust/sensitive analysis methods for tumour and plasma samples are required to facilitate accuracy.

135. A CASE OF EXTRA-UTERINE BENIGN ENDOMETRIAL STROMAL NODULE ARISING IN THE BROAD LIGAMENT IN THE ABSENCE OF A CLINICAL HISTORY OF ENDOMETRIOSIS

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Endometrial stromal tumors (ESTs) are commonly found in both the uterus and the ovary. They exhibit a wide range of