

The quality of diagnostics has improved due to an increase in incidence of stage I, as well as improved approaches to treatment, which is confirmed by data on an increase in survival. In addition, there was no difference in survival rates between urban and rural residents with a greater increase in survival rate among rural residents.

2022-RA-183-ESGO

### CARCINOMA CLITORIS IN A 27-YEAR-OLD GIRL; A CASE REPORT

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**Introduction/Background** Tumors of the clitoris are very rare and it accounts 0,06% of all cancers of the female genital tract. This tumor has high malignant potential and very bad outcome of all treatment options.

**Methodology** A 27-year-old girl presented to our hospital for an examination due to urinary incontinence, pelvic pain and visible tumor mass in the region clitoris. Clinical examination revealed a firm mass of size 5 cm in diameter. Tumor mass was arising from the clitoral area surrounded by normal connective tissue and mobile over the bone, with painful swelling of the clitoris. The patient has not been able to urinate for 24 hours and she has experienced swelling and pain in the clitoris for the past two months.

**Results** Trans-vaginal ultrasound of internal genital organs, colposcopy examination of cervix and pap smear test were normal. With a clinical diagnosis of tumor, the patient was investigated with pelvis X-ray, chest X-ray and there was no positive findings. CT of the abdomen showed multiple metastatic changes in urinary bladder and pelvic wall. Tumor markers like CEA and Ca 125 were in normal range. We placed urinary catheter and took biopsy from the tumor mass. The histology confirmed squamous cell carcinoma but a primary carcinoma of the clitoris. Tumors was very aggressive nature with large nuclei eccentrically with foci of spindle and anaplastic cells. When a detailed diagnostic examination was completed within 10 days, unfortunately, patient passed away before any treatments.

**Conclusion** Carcinomas clitoris are rare and important because of its aggressive nature of clinical course leading to early death in young patients.

2022-RA-226-ESGO

### UNMET NEEDS OF WOMEN WITH NEWLY DIAGNOSED VULVAR CANCER – A NATIONWIDE SWEDISH COHORT STUDY

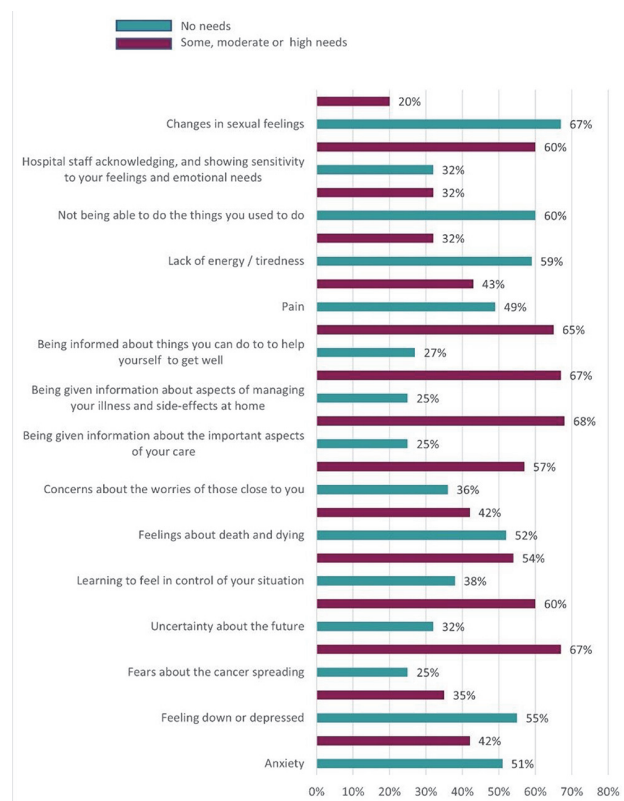
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**Introduction/Background** Little is known about the unmet needs of women with vulvar cancer. The aim of this study was to explore the needs of women with vulvar cancer at the time of diagnosis.

**Methodology** This is a prospective, longitudinal nationwide cohort study investigating health-related quality of life in women with vulvar cancer. Eligible women were diagnosed with primary vulvar cancer between 2019 and 2021. Participants completed five validated instruments including 15 items from the Supportive Care Needs Survey Short Form (SCNS-SF34) before start of treatment, and during follow-up. Here, we present results from the baseline questionnaire.

**Results** 136 of 153 (89%) included women completed the baseline questionnaire. Median age was 69 years, 62% were living in a relationship, and 70% had one or more comorbidities. Most women (73%) were diagnosed at FIGO stages IA-II, 96% were treated by surgery. More than every second woman reported needs for eight of the 15 selected items of the SCNS. The most reported needs concerned information about treatment, side-effects, and improved self-care. Besides, two thirds of women needed help in managing the fear of cancer spread (figure 1). Expressing high needs for information and help with fear of cancer spread was associated with more comorbidities (information how to help yourself: OR 10.2 (95% CI 1.9 – 54.6); information about side-effects: OR 10.2 (95% CI 1.9 – 54.6); information about care: OR 5.4 (95% CI 1.9 – 25.5); fear of cancer spread: OR 15.9 (95% CI 1.8 – 140.6)), but not with age, partner status, or FIGO stage.



**Abstract 2022-RA-226-ESGO Figure 1** Proportion of needs for 15 items of the supportive care needs survey short form

**Conclusion** Women with newly diagnosed vulvar cancer request predominantly information about treatment, side-

effects, and improved self-care irrespective of age, partner status, or stage of disease. Women's fear of cancer spread should be a central part of counselling at the time of diagnosis.

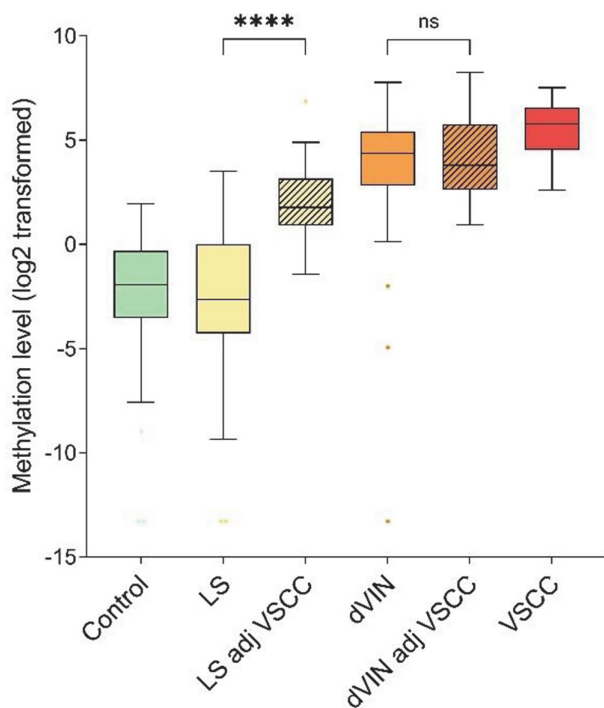
2022-RA-412-ESGO

### DNA METHYLATION MARKERS IN HPV-INDEPENDENT PRECURSORS OF VULVAR SQUAMOUS CELL CARCINOMA

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**Introduction/Background** The majority of vulvar squamous cell carcinomas (VSCC) develop independently of human papillomavirus (HPV) and are associated with lichen sclerosus (LS). A small subset of patients with LS progress to VSCC (5%), usually via differentiated vulvar intraepithelial neoplasia (dVIN) which is an aggressive lesion with a high cancer risk (50%). However, dVIN is rarely diagnosed prior to VSCC and accurate diagnosis can be challenging. Our aim was to study the potential value of prognostic DNA methylation biomarkers in vulvar lesions involved in the HPV-independent route towards cancer.



**Abstract 2022-RA-412-ESGO Figure 1** DNA methylation levels (log2 transformed  $\Delta\Delta Ct$  ratios) increase with increasing severity of disease across six HPV-independent vulvar disease categories, including healthy controls, LS, LS adjacent to VSCC, dVIN, dVIN adjacent to VSCC and VSCC. Differences between categories were tested by the Kruskal-Wallis test, followed by post-hoc testing using the Mann-Whitney *U* test with Bonferroni multiple testing correction; \*\*\*\**p* < 0.0001

Abbreviations: adj, adjacent; dVIN, differentiated vulvar intraepithelial neoplasia; LS, lichen sclerosus; ns, not significant; VSCC, vulvar squamous cell carcinoma

**Methodology** A series of 220 HPV-independent vulvar samples were collected, including healthy controls, LS, dVIN, LS adjacent to VSCC, dVIN adjacent to VSCC and VSCC. Samples were tested for 12 DNA methylation markers with quantitative multiplex methylation-specific PCR (qMSP), including genes *ASCL1*, *CADM1*, *FAM19A4*, *GHSR*, *LHX8*, *MAL*, *miR124-4*, *PHACTR3*, *PRDM14*, *SST*, *ZIC1* and *ZNF582*.

**Results** Across all twelve markers, significantly higher methylation levels were shown with increasing severity of disease (*p* < 0.001, Kruskal-Wallis test) (figure 1). Comparable low methylation levels were found in healthy vulvar controls and LS samples. Interestingly, LS adjacent to VSCC showed significantly higher methylation levels compared to LS of patients without cancer, whereas none of the markers showed a significant difference in methylation levels between dVIN and dVIN adjacent to VSCC. In fact, methylation levels in dVIN, dVIN adjacent to VSCC and VSCC were consistently high across almost all markers.

**Conclusion** Our findings indicate the potential of DNA methylation biomarkers to detect HPV-independent precursor lesions with a high cancer risk. As a next step, we aim to further explore these markers in vulvar lesions of patients with a known cancer outcome. Timely identification and treatment of vulvar lesions with a high cancer risk can substantially reduce the risk of malignant progression.

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### VULVAR MELANOMA

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**Introduction/Background** Vulvar melanoma is a very rare gynecological tumor. It represents only 1% of all melanomas. It affects, in order of frequency, the vagina, the uterus and the ovaries. Less than 200 cases have been reported in the literature.

**Methodology** We report a clinical case of a metastatic vulvar malignant melanoma treated at the Radiotherapy oncology Department of the Farhat Hached Hospital in Sousse.

**Results** The case represents a 67 year old hypertensive woman who was being monitored for ACFA. We were consulted for a painful vulvar swelling evolving for 6 months. On examination, it appeared to be an ulcerating lesion on the vulva, crusty, superinfected, bleeding 7 cm GA with a fixed right inguinal adenopathy of 2 cm long axis; speculum examination finds a healthy cervix, the recto-vaginal septum is free. A biopsy of the lesion was performed, showing a spindle cell tumor proliferation, probably malignant, with a melanoma of the vulvar commissure on IHC. On thoracic-abdominal-pelvic CT scan, multiple deep cutaneous, pulmonary, splenic and left renal nodules associated with a peripheral hepatic mass and retroperitoneal adenomegaly, of secondary appearance, were observed. The patient underwent analgesic radiotherapy at a dose of 20 Gy in 5 fractions. Two weeks after treatment, the patient died.

**Conclusion** Vulvar melanoma is an aggressive tumour and has a poor prognosis. Although surgical treatment is the gold standard for localized forms, the therapeutic modalities are not codified for metastatic forms.