1065 VALIDATION OF THE SUPERPARAMAGNETIC IRON OXIDE TRACER FOR THE DETECTION OF THE SENTINEL NODE IN VULVAR CANCER

S Huerta Martín*, C Blasco de Imaz Alonso, D Del Valle, A Lekuona Artola, R Ruiz, P Cobas, AP Gurría De la Torre, M Gorostidi, I Jaunarena, J Céspedes Manterola. *Donostia´s University Hospital, San Sebastián, Spain*

10.1136/ijgc-2021-ESGO.631

Introduction/Background* Surgical lymph node staging is required in vulvar cancer in patients candidates for primary surgery. In order to complete the diagnosis and reduce the morbidity due to radical inguinal lymphadenectomy, the selective sentinel lymph node biopsy (SLNB) has been validated reporting a false negative rate of 2-6%. This technique avoids high morbidity and achieves diagnostic precision. SLNB should be the standard treatment when indicated, since it is a safe technique with less morbidity.

The tracer validated in SLNB is technetium-99m (Tc-99). In Donostia´s University Hospital (DUH), we are carrying out a study to validate the Superparamagnetic iron oxide tracer (SPIONs) in vulvar cancer compared to the currently standarized.

Methodology This is a prospective observational study at the DUH from April 2016 to the present day using a sample size of 12 patients.

Information was obtained from DUH's database and analysed with SPSS.

Eligibility criteria to perform SLNB were squamous histology, FIGO Ib-II stage, size ≤ 4 centimeters, unifocal injury negative and clinical-radiological lymph node examination, all defined in GROINSS-V.

Subjects received both tracers, the one already validated (Tc-99) and the tracer under study (SPIONs). The sentil nodes detected were analyzed intraoperatively. If the result of the intraoperative analysis was positive or the sentil node was not detected, a radical inguinal homolateral lymphadenectomy was performed.

Result(s)* Twelve patients were included. Sentinel node detection rate was a 100%.

Two patients (16.67%) (after performing SLNS) had a positive result. The nodes with a histopathological positive result were always been elected as sentinel node. In patients with positive nodes, the rest of the accessory lymph nodes obtained from the lymphadenectomy were negative being therefore the percentage of false negatives 0.

Conclusion* SPIONs is showing not to be inferior to Technetium-99m for SLNB, with 13 sentil nodes left to reach the sample size recommended in order to complete the study.

Comparing to Technetium-99m, SPIONs has the following benefits: injection during the surgery procedure, not need to go to a nuclear medicine room previously, avoid pain caused by the injection of Technetium-99m and finally it can be used in hospitals without nuclear medicine service.

Abstract 1065 Table 1

N°	Age	G	FIGO	Size (cm)	Technique	Laterality	Right side		Left side		Lymphadenectomy
							SLNB	PA*	SLNB	PA*	
1	62	1	II	2.3	Vulvectomy	Unilateral			2	Negative	
2	80	2	IB	2.6	Vulvectomy	Bilateral	1	Negative	2	Negative	
3	70	2	IB	1.5	Hemivulvectomy	Bilateral	2	Positive	1	Positive	Bilateral 29 Nodes
4	68	1	IB	3	Vulvectomy	Bilateral	2	Negative	1	Negative	
5	45	2	IB	2.1	Hemivulvectomy	Bilateral	2	Negative	1	Negative	
6	55	2	IB	2	Hemivulvectomy	Bilateral	1	Negative	1	Positive	Unilateral 5 Nodes
7	53	1	IB	0.5	Wide local excision	Unilateral			2	Negative	
8	78	2	IB	1.4	Vulvectomy	Bilateral	2	Negative	1	Negative	
9	78	1	IB	1	Wide local excision	Unilateral	1	Negative			
10	53	2	IB	3	Vulvectomy	Bilateral	1	Negative	1	Negative	
11	79	1	IB	2	Vulvectomy	Bilateral	1	Negative	1	Negative	
12	64	2	IB	3	Vulvectomy	Unilateral	1	Negative			

*Pathological Anatomy

1071 THE VULVAR IMMUNOHISTOCHEMICAL PANEL (VIP) PROJECT: MOLECULAR PROFILES OF VULVAR SQUAMOUS CELL CARCINOMA

[1,2]G Garganese, [3]FS Inzani, [4]G Mantovani, [5]SM Fragomeni, [6]L Della Corte, [3]A Piermattei, [3]A Santoro, [3]G Angelico, [7]L Giacò, [5]G Corrado, [2]S Bove, [2]A Romito, [1,5]A Fagotti, [3]GF Zannoni, [1,5]G Scambia. *[1]Università Cattolica del Sacro Cuore, Istituto di Clinica Ostetrica e Ginecologica, Rome, Italy; [2]Mater Olbia Hospital, Gynecology and Breast Care Center, Olbia, Italy; [3]Fondazione Policlinico Universitario A. Gemelli IRCCS, Unità di Gineco-Patologia e Patologia Mammaria, Dipartimento Scienze della Salute della Donna, del Bambino e di Sanità Pubblica, Rome, Italy; [4]IRCCS Ospedale Sacro Cuore Don Calabria, Chirurgia Pelvica Mini-Invasiva, International School of Surgical Anatomy, Negrar di Valpolicella, Italy; [5]Fondazione Policlinico Universitario A. Gemelli IRCCS, Unità di Ginecologia Oncologica, Dipartimento Scienze della Salute della Donna, del Bambino e di Sanità Pubblica, Rome, Italy; [6]University of Naples Federico II, Department of Neuroscience, Reproductive Sciences and Dentistry, School of Medicine, Naples, Italy; [7]Fondazione policlinico Universitario A. Gemelli IRCCS, Rome, Italy*

10.1136/ijgc-2021-ESGO.632

Introduction/Background* Investigate the immunohistochemical (IHC) expression of biological markers as potential prognostic/therapeutic factors in vulvar squamous cell carcinoma (VSCC).

Methodology A series of 101 patients surgically treated at our Center from 2016 to 2020 were retrospectively enrolled: 53 node negative (Group A) and 48 node positive (Group B). A total of 146 samples, 101 primary tumor (T) and 45 nodal metastasis (N), were investigated. The IHC