

Objectives Primary vaginal cancer is a rare condition, constituting 1–2% of all gynecologic malignancies. It usually occurs in patients over 60 years of age. Primary vaginal cancer combined with uterine prolapse is very rare.

Methods We present 3 cases of primary vaginal cancer in women with uterine prolapse treated in Salah Azaiez institute between 1997 and 2017

Results The mean age was 74.6 year, the mean parity was 6 parity per woman. Symptoms were blood stained discharge, foul odor leukorrhea, and severe pelvic pain for the last 1 to 3 months. The mean tumor size was 6.3 cm and the tumor location was on the anterior wall in 2 cases and the posterior wall in one case. The prolapse was reduced under intravenous sedation in operating room. On gynecologic examination, uterus was normal in size, no adnexal mass was examined, one patient presented with vesico-vaginal fistulea. Biopsy of the ulcer at vaginal wall revealed invasive squamous cell carcinoma of vagina. The extention work up didn't reveal any metastasis in none of patients. The tumor was staged at stage I of FIGO in 2 patients and at stage IVA of FIGO in one patient. All the patients underwent surgery, and one patient had adjuvant radiotherapy. The mean follow up was 37.3 months and the patients were free of disease during follow up period.

Conclusions Uterine prolapse combined with vaginal cancer is a very uncommon condition. Our series seems to be important due to number of cases reported and the successful treatment management.

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430 BRACHYTHERAPY AND SQUAMOUS CELL CARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Primary vaginal carcinoma is an uncommon malignancy. Brachytherapy (BT) places a central role in the overall treatment course. We sought to describe the utilization rate of BT and evaluate the potential survival benefit of BT over radiotherapy alone (RT) in primary squamous cell carcinoma of vagina (PSSCV).

Methods A retrospective analysis of Salah Azaiz Institute data base was performed analyzing women with PSSCV treated with external beam radiation (EXBR) alone and with the combination of EXBR and BT and diagnosed between 1994 and 2015.

Results Of the 76 PSSCV patients, 43 met inclusion criteria. The mean age was 60 years. EXBR alone was performed in 62.8% of patients, whereas the combination of EXBR and BT was performed in 37.2%. Median follow-up was 33.4 months. Kaplan-Meier estimated that 5-year disease free survival (DFS) and overall survival (OS) was 71.9% and 72%, respectively. We found that patients who underwent the combination of EXBR and BT had better OS (81.2% Vs 29.6%) than EXBR alone (P=0.000063), but the DFS was better on patients who underwent EXBR alone than who underwent a combination

of EXBR and BT the and (80% Vs 66.6%), this results wasn't statically significant (p=0.505). Factors associated with best OS include size < 4 cm, tumor site on one wall of the vagina, histological grade 1, RT dose >60 Gy, the absence of tumor recurrence. Only exophytic growth was correlated with best DFS.

Conclusions The combination of EXBR and BT seems to be the best model of radiotherapy for PSSCV.

IGCS19-0416

431 SURGICAL MANAGEMENT OF METASTASIS OF PRIMARY VAGINAL CARCINOMA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Because primary carcinoma of the vagina comprises less than 2% of all gynecologic malignancies, the management of metastasis is not well know.

Methods We reported the surgical management of metastasis of primary vaginal in 2 patients treated in Salah Azaiz institute on 1994 and 2006.

Results The first patient was 37 years old and had a primary neuroendocrine tumor of vagina and the second patient was 68 years old and had a primary adenocarcinoma of vagina. The first patient was staged as stage I of FIGO and the second as stage IV of FIGO. The two patients underwent surgery as primary treatment followed by chemoradiotherapy. And they were free of disease. Fourteen years later, the first patient developed a lung metastasis managed with surgery and oncologic results were successful (lived for 3 years after). The second patient developed a brain metastasis managed with surgery and followed by prophylactic radiotherapy; the patient was free of disease during her follow up period (2 years).

Conclusions We reported a successful surgical management of metastasis of primary vaginal carcinoma in two patients; our findings seem to be interesting due the lack of data about the management of those metastasis.

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432 THE MANAGEMENT OF PRIMARY ADENOCARCINOMA OF VAGINA: ONE SINGLE INSTITUTE EXPERIENCE

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Objectives Primary adenocarcinoma of vagina (PAV) accounts less than 15% of Primary carcinoma of the vagina (PCV). The objective of this study was to report the treatment management of PAV and to identify the prognosis factors affecting the overall survival (OS) and the disease free survival (DFS).

Methods A retrospective analysis of Salah Azaiz institute data base was performed analyzing women with PAV treated and diagnosed between 1994 and 2015.

Results Eleven patients were diagnosed with PAV, the mean age was 56.6 year, the mean tumor size was 4.6 cm, the histological types were clear cell carcinoma in 4 cases, mucinous in 3 cases, intestinal in one case, endocervical in one case and in two cases immunohistochemical typing wasn't performed. The patients were staged: 3 stage I, 1 stage II, 5 stage III and 2 stage IV of FIGO. Treatment consisted on radiotherapy ± chemotherapy followed by surgery in 3 cases and a primary surgery in two cases. The mean follow up period was 51.9 months. Six patients achieved a complete response and 4 of them experienced relapse, 3 patients didn't show any treatment response and 2 died of progressive disease. The 5 year overall survival (OS) and the disease free survival (DFS) were respectively 45.5% and 66.6%. Prognosis factors affecting OS were radiotherapy dose, the occurrence of recurrence. Prognosis factors affecting DFS were the tumor size the chemotherapy treatment.

Conclusions PAV is rare, little is known about its etiology and behavior. The treatment management still to establish to define the best guidelines.

IGCS19-0351

433 TOXICITY PROFILE IN PATIENTS SUBMITTED TO NEW STRATEGY FOR THE TREATMENT OF VULVAR CANCER EMPLOYING SENTINEL LYMPH NODE SCINTIGRAPHY, SURGERY, CHEMOTHERAPY, AND RADIOTHERAPY

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Objectives To evaluate the toxicity in patients submitted to a new multimodality treatment for vulvar cancer (VC), combining sentinel lymphoscintigraphy, chemotherapy (CT), radiotherapy (RT), and surgery in a way as yet untested, presumably capable of reducing treatment morbidity and functional and esthetic damage, as well as gaining locoregional control.

Methods From 2011 to 2019, patients from the Outpatient Clinic of Gynecological Oncology, Cancer Institute, São Paulo State (ICESP) with VC (early and advanced stages) were included in a prospective trial. All patients with tumors up to 4 cm in greatest diameter, uncompromised urethra or anus, and lymph nodes smaller than 15 mm in greatest diameter were considered early-stage. Any other cases were deemed advanced and underwent inguinal-femoral lymphadenectomy, then cisplatin once a week for 7 weeks concomitant to inguinal-pelvic RT. Surgery was performed 30–120 days after CTRT. We conducted a retrospective analysis to evaluate treatment toxicity, using the common toxicity criteria.

Results 43 patients were included in this study. 25 were submitted to RT, in daily fractions of 1.8Gy. The total inguinal-pelvic dose was 45Gy, up to 50.4Gy-66Gy to gross disease. 19 patients were treated with conformal RT and 3 with intensity modulated radiation therapy (IMRT). Two patients were treated in an external facility, two did not completed RT and three had insufficient information. Of the 18 available data,

16% had G3 acute radiodermatitis. No G4 or G5 were reported. No G3 or worse late symptoms were reported.

Conclusions The multimodality strategy for advanced CV was feasible and efficient.

IGCS19-0365

434 ARE THE COMPLICATIONS AFTER LYMPH NODE GROIN DISSECTION FOR THE TREATMENT OF VULVAR CANCER CORRELATED TO DRAINAGE SYSTEM? COMPARISON OF SILICONIZED PENROSE AND PORTO VAC

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Objectives The aim of this retrospective case control study is to compare the efficacy of vacuum accessorized drain system to the siliconized penrose drain for the groin.

Methods From 2011 to 2019, 66 of 120 patient from the Outpatient Clinic of Gynecological Oncology Cancer Institute (ICESP) with advanced vulvar cancer were submitted to groin lymphadenectomy. The patients were divided in two groups: a) siliconized penrose drain (case group), b) vacuum accessorized 4,8 mm drain (control group). Each patient had the groin dissection and the drain system exteriorized by a medial common incision on the pubis, linked to a colostomy bag. The efficacy of the drainage was determinate by the following variables: infection, dehiscence, bleeding, lymphocele and day of hospitalization.

Results There was no difference in total number of complications (31,4% case vs 35,4% control). Specific complications such infection (28,6% case vs 9,67% control), bleeding (0% case vs 3,22% control), dehiscence (0% case vs 6,45%control) and lymphocele (8,5% case vs 19,3% control) were also not statistically different. Rehospitalization, however, was significantly different (0% case vs 22,5% control, $p < 0.0001$), as tumor size (39,46 mm case vs 50,34mm control, $p = 0.01$).

Conclusions Although the complications rate were similar, vacuum accessorized drain system presented more index of lymphoceles, dehiscence and hospitalization days than siliconized penrose drain.

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435 SECONDARY HEALING STRATEGY FOR DIFFICULT WOUND CLOSURE IN INVASIVE VULVAR CANCER: A PILOT CASE- CONTROL STUDY

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Objectives To evaluate the feasibility of leaving the surgical vulvar open for secondary healing in situations where primary closure of the vulvar wound is not possible.