**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 immunohistochimical 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 iguinal-pelvic RT. Surgery was performed 30–120 days after CTRT. We conducted a restrospective 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 penroze 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) vaccum accessorized 4,8 mm drain (control group). Each patient had the groin dissection and the drain systen 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 diference 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 diferent. Rehospitalization, however, was signficantly diferent (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 systen presented more index of lymphoceles, dehiscence and hospitalization days than siliconized penrose drain.

# IGCS19-0375

## 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.

**Methods** This is a case control pilot study analyzing 16 women with the diagnosis of squamous-cell carcinoma of the vulva that underwent first to inguinofemoral lymphadenectomy, them to 6 weeks sections of chemotherapy and 25 daily sessions of radiotherapy. After all, excision of the vulvar lesion with free margins was performed, between January 2011 to July of 2017. 12 patients underwent to the primary closure of the wound (control), and in 4 patients, the surgical defect was left open for secondary healing, by the use of hydrofiber (case). Inclusion criteria were a) FIGO-2009 stage II up to IIIC; b) squamous cell carcinoma; c) no evidence of pelvic or extrapelvic disease nor pelvic nodal involvement. Exclusion criteria was pelvic extra pelvic desease, pelvic nodal involment.
**Results** The mean age of the patients at the time of intervention was 62,1. The distribution of the stages was as follows: II, n=6 (37%); IIIA, n=1 (6%), IIIB, n=1 (6%) and IIIC, n=8 (51%). The mean operative time was 45 minutes. Hospital stay was 2 days. Full vulvar healing in the control group occurred after an average of 30 days, and in the case group, 50 days.
**Conclusions** Secondary healing strategy may be an option for the treatment of vulvar cancer in situations of non-extensive surgical wound when primary closure of the wound is not possible.

## IGCS19-0448

### 436 EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH MALIGNANT VULVA NEOPLASIA ATTENDED AT SANTA MARCELINA ITAQUERA HOSPITAL – SAO PAULO

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**Objectives** Study the epidemiological profile of patients diagnosed with vulvar malignant neoplasia treated at Santa Marcelina Hospital (HSM) in São Paulo.
**Methods** Retrospective analysis of the medical records of patients who underwent follow-up at the Oncology Gynecology ambulatory between 2008 and 2018. Data analyzed were: age, parity, smoking, histological type, treatment performed, relapse, lymph node involvement and death.
**Results** Fifty-five patients with a mean age of 67.43 years were attended, most non-smokers and multiparous. The most common histological type was squamous cell carcinoma (90.9%). Of the patients analyzed, 11 patients (20%) corresponded to stage I, 13 patients (23.63%) to stage II, 17 patients (30.9%) to stage III and 14 patients (25.45%) to stage IV. Of the total number of patients, 21 (38.18%) underwent neoadjuvant therapy and 44 patients (80%) performed a surgical procedure and, of these, 15 patients (27.27%) presented lymph node involvement. In the analyzed sample, 22 patients (40%) underwent adjuvant radiotherapy and 2 patients (3.63%) underwent adjuvant chemotherapy. Among the total analyzed, 23 patients (41.81%) presented recurrence of the disease and 28 (50.9%) evolved to obit. Only 14 patients (25.45%) maintained follow-up in the service.
**Conclusions** The epidemiological profile of the patients studied is consistent with that found in the literature, mainly regarding the age at diagnosis, the prevalent histological type, the stage at diagnosis and the high death rate. Most of the patients were diagnosed late and this is mainly due to the shame of the patients and the difficulty of access to the specialized service.

## IGCS19-0450

### 437 ANALYSIS OF NEOADJUVANT THERAPY IN MALIGNANT VULVA NEOPLASIA

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**Objectives** Evaluate the clinical results of patients with locally advanced vulva malignant neoplasia treated with radiotherapy or neoadjuvant chemotherapy.
**Methods** Retrospective analysis of the medical records of patients who were followed up at the Oncology Gynecology center of Santa Marcelina Hospital in São Paulo between 2008 and 2018 and who underwent neoadjuvant radiotherapy or chemotherapy for vulvar neoplasia.
**Results** In the study period, 55 patients were diagnosed with vulvar neoplasia, 21 (38.18%) submited to neoadjuvant radiotherapy and 15 (27.27%) underwent neoadjuvant chemotherapy too. Of the 21 patients treated with neoadjuvant therapy, 1 had histopathological diagnosis of adenocarcinoma and the other 20 of squamous cell carcinoma. Twelve patients (57.14%) underwent surgery afterwards: 10 patients (47.61%) had a radical vulvectomy with bilateral lymphadenectomy and 2 patients (9.52%) had a hemivulvectomy with bilateral lymphadenectomy. In the follow-up of the patients who underwent neoadjuvant therapy, 4 patients (19%) presented persistence of disease and 5 (23.8%) local recurrence. Of the patients submitted to neoadjuvant therapy, 11 (52.38%) died and 7 (33.3%) lost follow-up. The majority of patients were in stage II (FIGO 2009).
**Conclusions** The evolution of vulvar neoplasia results in the involvement of structures close to the vulva, like urethra and anal region. Thus, as most patients at the time of diagnosis already have a locally advanced disease, neoadjuvant therapy decreases the tumor load and reduces the need for extensive surgeries, also decreasing surgical morbidity. In this study, the complete control rate was approximately 57.2% with neoadjuvant therapy, demonstrating the benefit of this type of treatment.

## IGCS19-0192

### 438 CARCINOMA OF VULVA, CASE SERIES

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**Objectives** To analyze the clinical presentation and management outcomes of carcinoma of vulva managed at Civil Service Hospital, New Baneswor and National Cancer Hospital, Jawalakhel.