Methods A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.
Results There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III – 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1died of disease.
Conclusions Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

IGCS19-0194

439 **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.
Methods A descriptive study was conducted of all carcinoma of vulva cases managed from July 2014 to February 2019. The case records of all women diagnosed to have carcinoma of vulva were retrieved and socio-demographic characteristics, clinical presentations, histological type, treatment modalities and outcome were obtained and analyzed.
Results There were 17 vulvar cancer patients during the study period. The ages ranged from 34 to 89 years (median age of 66 years). All of them were multiparous. Vulva wound and pruritus were the most frequent clinical features with presentations in stage I -52.9%, stage II- 17.6%, stage III – 17.6% and stage IV -11.7%. Squamous cell carcinoma 94.1% predominated and 5.9% cases had Basal cell carcinoma. Among the 17 cases, 94.1% were treated primarily with surgery, 5.9% with radiotherapy only while 47% with combined modality (Surgery and radiotherapy). Clinical follow-up of one to four years showed that 3 cases had local recurrence and 1died of disease.
Conclusions Carcinoma of the vulva is a rare gynecological malignancy in Nepal. Surgery and radiotherapy remain to be the mainstay of treatment. Delayed presentation still result in greater morbidity and mortality rates.

IGCS19-0189

440 **IMPLEMENTATION OF SENTINEL LYMPH NODE MAPPING USING ICG AND NEAR-INFRARED FLUORESCENCE IN PATIENT WITH EARLY STAGE VULVAR CANCER**

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Objectives Complete inguinal lymphadenectomy for surgical staging of early vulvar cancer (VC) is associated with significant morbidity. Utilizing sentinel lymph node (SLN) inguinal biopsy is an alternative in select women with early stage squamous cell VC. We describe our experience with SLN mapping in patients with early stage VC using indocyanine green (ICG) dye and near-infrared fluorescence (NIR).
Methods Ten patients with primary VC with tumor of <4cm, negative clinical groin examination, and pre-operative PET scan demonstrating no evidence of groin metastasis were offered inguinal SLN biopsy with their excisional procedure. Inguinal SLNs were identified via perilesional intradermal injection of 0.5–1.0ml of dilute ICG fluorescent dye (2.5 mg/ml) followed by inguinal nodal excision utilizing NIR with the Novadaq SPY elite florescence imaging system.
Results SLNs were readily identified in all patients, and 8/10 patient's SLNs were negative for carcinoma. We biopsied 1–5 nodes with most patients having 2 nodes removed from each sides. One patient had isolated tumor cells less than 0.2mm and another had a SLN with a 6mm metastatic focus. One patient with negative SLN biopsy was later found to have a groin recurrence.
Conclusions Although further studies are needed, SNL mapping utilizing ICG dye and NIR may identify sentinel lymph nodes which can be removed, thereby avoiding the morbidity of full inguinal lymphadenectomy in selected patients with early stage VC.

IGCS19-0709

441 **PROGNOSTIC IMPACT OF CLINICAL AND HISTOPATHOLOGICAL FACTORS IN PATIENTS WITH VULVAR FLAP RECONSTRUCTION AFTER LARGE VULVAR RESECTIONS FOR VULVAR MALIGNANT NEOPLASMS**

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Objectives Analyze the influence of clinical and histopathological factors on the prognosis of patients with vulvar cancer who required surgical flaps reconstruction after large vulvar resections.

Methods From 2001 to 2018, clinical and histopathological features of patients with locally advanced or recurrent vulvar cancer who underwent vulvar flap reconstruction were retrospectively reviewed. Histology, grade, margins, tumor size, lymph node metastasis, comorbidities, previous radiotherapy, recurrent or primary disease, FIGO staging and type of vulvar flap were analyzed. The covariates were evaluated using Cox regression analysis.

Results A total of 157 patients were surgically treated for vulvar cancer, 34 (21%) required vulvar flap reconstruction. Median age was 70 years and 88% (N=31) had squamous cell carcinoma, 20 (58%) were grade 2. Median tumor size was 6,0 (1,5–16,7)cm and all patients had negative margins. Fifteen (44%) were FIGO stage III. Sixteen (47%) had previous radiotherapy and 22 (64%) had recurrent disease. Inguinal lymphadenectomy was performed in 24 (70%) with a lymph node positivity rate of 62% (N=15). Reconstruction was performed mainly with mycutaneous flap (70%; N=24), of these, 15 (44%) with gracilis myocutaneous flap. Twenty five patients (73%) had a recurrence and 16 (47%) deaths of the disease occurred. Estimated overall survival was 72 (CI 95% 35,9–108) months. Lymph node metastasis was the only factor associated with shorter overall survival 8,4 (5,9–23,65) months (P=0,018).

Conclusions The presence of lymph nodes metastasis is probably the only factor with impact on the overall survival in patients who required vulvar flap reconstruction.

IGCS19-0109

442 PRIMARY VAGINAL CANCER: A SINGLE INSTITUTION CASE SERIES OF PATIENT, TUMOUR AND TREATMENT FACTORS AFFECTING OUTCOMES

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Objectives Primary vaginal carcinomas are rare, accounting for 1–2% of gynaecological malignancies. This project aimed to describe a series of primary vaginal cancer cases at a single institution, identifying patient, tumour and treatment factors impacting outcomes.

Methods A retrospective chart analysis was performed for all patients diagnosed with primary vaginal cancer from 2008 to 2018 at a single institution in Australia. For each case, data extracted included histopathology, staging, treatment received, socio-demographic information and patient outcomes. Overall, eight patients were eligible to be included in analysis.

Results Average age at diagnosis was 59 years (34–75 years). 87.5% were in the most socially disadvantaged quintile of the Index of Socio-Economic Disadvantage. Overall, 75% of patients had squamous cell carcinoma and 25% had melanoma. Stage at presentation: FIGO stage one (n=3), stage two (n=2) and stage three (n=3). The average Body Mass Index was 26.2 kg/m2 and Charlson Comorbidity Score of 4.75. Treatment received included: surgery alone (n=2), primary chemo-radiotherapy (n=3), surgery and adjuvant radiation (n=1), surgery and adjuvant immunotherapy (n=1), and chemotherapy alone (n=1). With median 39 months follow-up (11–113 months), 2 of 6 patients with SCC have relapsed and 2 of 2 patients with melanoma have relapsed.

Conclusions This study indicates that outcomes for vaginal cancers are poor, and that early presentation is essential to improve outcomes. Treatment is highly individualised based on extent of disease at presentation. Due to limited literature in this area, it is difficult to compare patient demographics, tumour factors and standard treatment.

IGCS19-0162

443 HIGH-DOSE DENSITY NEOADJUVANT CHEMOTHERAPY BEFORE RADICAL SURGERY IN ADVANCED VULVAR CANCER

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Objectives Mortality is high in advanced vulvar cancer and treatment associate with several adverse events. Neoadjuvant chemotherapy (NAC) administered before surgery is successful in patients with bulky squamous cervical cancer. We used NAC in 10 women with advanced squamous cell vulvar cancer.

Methods Women with advanced vulvar cancer (bulky nodes and/or T3 tumors) were included in prospective study. Combination chemotherapy (cisplatin 75 mg/m^{2}and ifosfamide 2 g/m^2) was given in 10-day intervals. Radical surgery was performed after chemotherapy.

Results Ten women were included into study (six with bulky nodes, two with T3 tumors and two with combination of bulky nodes and T3 tumors). Hematological toxicity (grade 3–4) occurred in two patients after chemotherapy. Radical vulvectomy with inguinofemoral lymphadenectomy was performed in nine patients, posterior exenteration in one. Response of more than 50% was found in eight patients (one complete); we did not observe any response in two patients. Six patients underwent adjuvant radiotherapy, two had adjuvant chemotherapy and two were not administered adjuvant treatment. Two patients had recurrence (both with no response to chemotherapy) and died of disease. Six patients are alive without evidence of disease and two died of internal disease without evidence of disease.

Conclusions Response rate for NAC in squamous cell vulvar cancer was 80% while the recurrence rate was only 20% in such an unfavorable group of patients. High-dose density NAC seems to be a viable option to neoadjuvant radiotherapy in advanced vulvar cancer with lower morbidity.

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