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.

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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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