

## IGCS19-0216

## 444 VIDEO ENDOSCOPIC INGUINAL LYMPHADENECTOMY (VEIL) FOR VULVAR MALIGNANT MELANOMA, AS AN ALTERNATIVE TO SENTINEL LYMPH NODE

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**Objectives** Vulvar malignant melanoma (VMM) is a rare type of cancer, accounting for 5% of all vulvar malignancies. Surgical treatment consists of wide local excision plus elective lymph node dissection (ELND) or sentinel lymph node (SLN). VEIL is an alternative approach for the radical resection of inguinal lymph nodes, which can reduce the morbidity of the ELND without compromising the therapeutic efficacy. We show the surgical procedure VEIL for VMM.

**Methods** 70-year-old woman with ulcerated malignant melanoma of 1.5 cm, central, vertical growth, Breslow 8 mm, without lymphovascular or perineural invasion, with negative PET/scan for metastatic lesions, radical hemivulvectomy plus bilateral SLN was made, obtaining mapping only from the right sentinel node, therefore, VEIL was performed on the left side.

**Results** Previous infiltrate with technetium-99, we detected with gamma sonda right inguinal sentinel lymph node and was resected. Then, we perform left VEIL. Incision of 1 cm on the vertex of the scarp's triangle with insertion of trocar of 10 mm; insertion of trocar of 5 mm in medial and lateral aspect and insufflation with CO<sub>2</sub> was carry out. Repair points: great saphenous vein and its tributaries (inferior epigastric vein, external iliac vein, left pudenda vein and accessory saphenous vein) was identified. Inguinal lymphadenectomy was performed over the fascia and below the inguinal ligament, then radical hemivulvectomy was performed.

**Conclusions** VEIL is an alternative to SLN, less morbid than ELND and feasible as a node dissection of VMM.

## IGCS19-0086

## 445 VULVAR VERRUCCIOUS CARCINOMA: 15 YEARS EXPERIENCE IN A SINGLE NORWEGIAN ACADEMIC CANCER CENTER

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**Objectives** Vulvar verrucous carcinoma (VVC) is extremely rare, accounting for less than 1% of vulvar cancer cases. The purpose of this study was to report our experience with this disease.

**Methods** This is a retrospective study of patients with VVC who were treated at Oslo University Hospital between 2003 and 2018. Clinicopathological characteristics, treatment and follow-up were extracted from the medical records.

**Results** Seven patients were identified through pathology databases and verified as having VVC. The average age at diagnosis was 70 years. Four patients had previous Lichen sclerosus. Primary surgery was performed for all patients, including 3 wide local excisions, 1 simple local excision and 3 who underwent simple vulvectomies. Ipsilateral groin lymphadenectomy was performed for 1 patient because of uncertain histological result before surgery, showed negative lymph nodes. Tumor size and invasion depth ranged from 15 to 45 mm, 1 to 12 mm respectively. Tumor-free pathologic margin was achieved in 5 of 7 patients. Invasive disease extended to the pathological margin in 2 patients, re-excision was performed in 1 patient after primary simple local excision and the other patient was followed-up intensively without reoperation because of negative biopsy after primary wide local excision. The mean follow-up was 68 months with no recurrence in those 7 patients.

**Conclusions** VVC is defined by slow growth, no metastasis or lymph node involvement. The prognosis is relatively good, with low recurrent rate if wide local excision is performed. Overtreatment should be avoided. Patients with Lichen sclerosus in the vulva may have high risk for VVC.

## Other

## IGCS19-0396

## 446 IMPACT OF PELVIC GYNECOLOGICAL CANCER ON FEMALE SEXUALITY

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**Objectives** Gynaecological malignancies represent 11.3% of cancers in women in Tunisia.

Currently, cancer is considered a chronic disease. Assessing the impact of cancer occurrence and its treatment on female sexuality often involves communication difficulties between the patient and the health care team.

The purpose of this work was to:

- Determine female sexual dysfunction in patients treated for pelvic gynecologic cancer.
- Plan an early sexual rehabilitation program for such patients.

**Methods** This was a cross-sectional descriptive study that was conducted over a four-month period, from February 1st, 2017 to June 30th, 2017 at Salah Azaiez Institute.

**Results** The median age was 47.6 years. Half of our patients were housewives. The illiteracy rate was 36.7%. The average duration of the marriage was 26.7 years. Cervical cancer was the most common type (40%). Chemotherapy was performed in 60% of patients, while radiotherapy was performed in 70% of patients. Stage II was the most common (70%). Patients already had sexual dysfunction prior to cancer diagnosis with Female Sexual Function Index (FSFI) of 25. Impairment in sexual function affecting all components of the FSFI index was observed with a statistically significant p. Predictors of sexual dysfunction after gynecologic cancer were age, level of

education, duration of marriage, occupation, type of disease, and administration of chemotherapy.

**Conclusions** Sexuality after cancer affecting the female genital area is altered, age >50 years, illiteracy, length of marriage > 20 years as well as endometrial, vulva and vaginal cancers were predictive factors of sexual dysfunction.

## IGCS19-0422

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### THE IMPACT OF PATIENT TRAVEL DISTANCE ON QUALITY INDICATORS IN GYNECOLOGIC SURGERY

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**Objectives** To characterize patient travel distance to a comprehensive cancer center (CC) for gynecologic surgery; to determine the impact of travel distance on perioperative quality indicators.

**Methods** Patients who underwent first gynecologic surgery at a CC from 1/2000–3/2018 were identified. Travel distance was defined as “close” (≤50 mi) or “far” (>50 mi). Patient demographics, procedural complexity, rates of reoperation, reporting to improve safety and quality (RISQ) events, and postoperative mortality were identified.

**Results** Of 23,340 patients, 19,246 were included in the close group and 4,094 in the far group. Median distance traveled was 19.25mi (range 0–4963): 14.35mi for close group, 85.21mi far group. Median age was 55 years (range 18–97). There was no difference in age (p=0.87) or ASA status (p=0.16) between groups. Patients in the far group underwent more complex procedures based on RVUs (p=0.00) and case length (p=0.00) and had 1-day longer length of stay (p=0.003). There were more non-White (p=0.00), non-English speaking (p=0.00), and unmarried (p=0.00) patients in the close group. There was no difference in rate of reoperation (p=0.95) or 30-, 60-, or 90-day mortality (p=0.35, 0.80, 0.34) between groups. Patients who traveled farther had 1% more RISQ events (p=0.003), but this did not hold on multivariate analysis.

**Conclusions** We demonstrate that patients who travel for centralized specialty gynecologic surgical care have more complex procedures, more perioperative adverse events, and longer length of stay, without negative impact on perioperative quality of care, reoperation, or postoperative mortality.

## IGCS19-0388

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### A RETROSPECTIVE STUDY OF DUAL MALIGNANCIES IN A GYNECOLOGICAL ONCOLOGY DEPARTMENT OF A TERTIARY CARE HOSPITAL -A TEN YEAR EXPERIENCE

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**Objectives** Occurrence of second invasive cancer in a diagnosed case of cancer patient and also in cancer survivors is not uncommon. Advances have been made in diagnostic and therapeutic modalities, leading to improvement in survival of cancer patients, and also, the incidence of second malignancy is on rise. Second malignancy can be synchronous or metachronous. Original studies about dual malignancy are very few. The present study aims to analyze the frequency and types of double malignancies in Gynaec oncology patient.

**Methods** This is a retrospective analysis of patients with synchronous dual cancers, treated from January 2009 to December 2018. The study included 12 patients with dual malignancies.

**Results** Out of 12 patients, 4 (33.3%) were of ovarian and endometrium origin and they were the most common in our study, followed by breast and endometrium (16.6%) ; breast and vulva (16.6%);breast and ovary (16.6%) ; cancer breast with cancer cervix and cancer endometrium with colon cancer were least common (8.3%). Double malignancies involving the female reproductive tract, like cervix and vulva, can be explained by common etiological factors like Human papilloma virus (HPV). The same association has not been seen in our series which could be explained on the basis of small number of patients reported here.

**Conclusions** This study puts a light on the fact that oncologists should remain cognizant of the fact that dual cancer of the female genital tract and elsewhere in the body is not an unknown occurrence and a comprehensive workup is desirable at the time of initial presentation.

## IGCS19-0089

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### HARMONIZATION OPERATIONS FOR GLOBAL TRIALS TO OVERCOME OBSTACLES FROM 2004 – 2017: GYNECOLOGIC CANCER INTERGROUP (GCIG)

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**Objectives** The Gynecologic Cancer InterGroup (GCIG) is a global consortium consisting of research groups from various countries to facilitate collaboration in clinical trials in gynecologic cancer; founded in 1993 and formalized in 1997. Global clinical trials often have multiple obstacles for operating them. To address such issues, the GCIG established a Harmonization Operations Committee in 2003. Achievements of this Harmonization committee are summarized.

**Methods** Minutes of GCIG meetings between 2004 and 2017 were reviewed. Participating member groups and Harmonization activities were summarized.