IGCS19-0406

97 PRIMARY MALIGNANT VAGINAL MELANOMA: SINGLE INSTITUTION'S EXPERIENCE OF 52 CASES

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Objectives To assess clinical and pathologic features that impact outcome in patients with vaginal melanoma.
Methods This is a retrospective review of vaginal melanoma cases treated at single institution between 1990 – 2015. Clinical and pathological characteristics were reviewed. Progression-free survival (PFS) and overall survival (OS) were calculated from the first treatment date.
Results Fifty-two patients with median age of 60.5 years (32.0–86.0) were identified. Using the AJCC clinical staging, 11.5% were stage I, 61.6% were stage II, 19.2% were stage III and 7.7% were stage IV. The median tumor size was 3.0 cm with median tumor thickness 8.0 mm. 81% experienced disease recurrence with 40.5% local recurrence, 23.8% distant recurrence and 35.7% both. Overall, the median PFS was 8.9 months with a 5-year PFS of 16%. The OS was 19.8 months with a 5-year OS of 18%. 44 patients underwent surgery as part of their primary therapy while 8 women did not have surgery. Patients who underwent surgery had a median OS 20.7 VS 9.3 months for those who did not ($p<0.01$). Patients who were diagnosed as stage I-II had significantly longer survival than patients who were stage III-IV (median OS 24.4 VS 13.4 months, $p=0.03$). In addition, patients who underwent pelvic exenteration had significantly longer survival (median OS 28.9 VS 17.2 months, $p=0.02$).
Conclusions Vaginal melanoma most commonly presents at an early stage but is still associated with poor outcomes. Patients who have localized disease, who are able to undergo primary surgical treatment and who undergo pelvic exenteration have longer OS.

IGCS19-0299

98 MOBERAS: A MOBILE APP TO MONITOR AND MOTIVATE GYNECOLOGICAL ONCOLOGY (GYO) PATIENTS TO ADHERE TO ERAS PROTOCOL

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Objectives Adherence to the standardized multimodal Enhanced Recovery After Surgery (ERAS) protocol is significantly associated with improved clinical outcomes. Gamification demonstrated a positive effect on patients' health by promoting adherence to treatment and patient engagement. Thus, the objective of this work is to propose MobERAS, a mobile App based on gamification designed to monitor and motivate GYO patients to adhere to ERAS principles.
Methods MobERAS was designed and developed with Android Development Kit for the Android platform and provides a real-time database to store peri-operative data by using authentication technologies and the Firebase database management system.
Results MobERAS promotes the motivation of patients by alerts to achieve feeding and mobilization goals. The App also records the oral intake, pain level, nausea and vomiting, urinary volume, intestinal function, as well as measuring the patients' ambulation. Patient's data could be assessed in real time by health care providers. As a form of motivation, in order for the patient to continue his role in the process, a punctuation and reward strategy (based on stars) has been added. The flowchart shows the activities monitored and encouraged by the application (figure 2). In addition, an informative and illustrative video was created, containing the ERAS Program guidelines, reproduced at each patient login.
Conclusions Gamification technology has become a powerful tool in delivering healthcare and is an important strategy to improve GYO patient's engagement to ERAS protocol.

IGCS19-0142

99 TRIPLE ARM PROSPECTIVE NON-RANDOMIZED OBSERVATIONAL STUDY ANALYSING DELAY IN TIME TO ADJUVANT CHEMOTHERAPY AND ITS IMPACT ON OUTCOME IN COMPLETELY RESECTED ADVANCED EPITHELIAL OVARIAN MALIGNANCIES

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Objectives This study was done to determine whether time from optimal cytoreductive surgery (CRS) to initiation of adjuvant chemotherapy impacts disease free & overall survival in advanced ovarian carcinoma.
Methods 185 patients underwent optimal cytoreduction (either as upfront or interval) & recieved adjuvant chemotherapy. The analysis of time interval between day of surgery and start of adjuvant chemotherapy and its impact on outcome was done.
Results CRS with intraperitoneal chemotherapy either in the form of intraperitoneal port (IP port) or hyperthermic intraperitoneal chemotherapy (HIPEC) was done in 118 patients (43+ 75) and CRS alone in 46 patients. Median interval between surgery and initiation of adjuvant chemotherapy was 35 days for the cohort (32 days in the CRS alone group, 34 days in CRS+ IP port group and 41 days in CRS+ HIPEC group). Median disease free interval (DFS) was 28, 36 and 33 months respectively in the three groups. Delay in chemotherapy, defined as more than 40 days had significant impact on DFS in CRS alone group (36 months vs 17 months: $p=0.02$), but had no impact in the patient who were receiving intraperitoneal chemotherapy. No statistically significant difference in the overall survival (OS) was observed in patients whose adjuvant chemotherapy was delayed (88 months versus71 months, $p=0.49$).
Conclusions Delay in starting adjuvant chemotherapy adversely affects DFS. Intra-peritoneal chemotherapy after optimal CRS can improve DFS. However well designed clinical studies

needs to be designed to evaluate the impact of single dose of intraperitoneal heated therapy & its interplay in delay on starting adjuvant chemotherapy.

IGCS19-0102

100 A NEW TECHNIQUE OF SENTINEL LYMPH NODES DETECTION IN VULVAR CANCER PATIENTS. THE SARVU STUDY

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Objectives We have created the **SARVU** study (Sentinel Lymph Nodes Detection with **S**entimag **a**gainst **R**adiotracer in **Vu**lvar Cancer) to compare and validate the use of ferromagnetic technique of SLN detection with iron oxide tracer (Sienna+®) and magnenometer probe (Sentimag®) vs. standard procedure with radioisotope (Tc99) and gamma probe in vulvar cancer patients.
Methods We included 20 patients with squamous vulvar tumour less then 4 cm and negative lymph nodes in imaging pre-op work-up. The primary endpoint was the propotion of succesful SLN detection with Siena+® vs. Tc99. The secondary endopoints were: the average of SLN per patient, the proportion of SLN detected (nodal detection rate), the propotion of pathologically positive results (malignancy rate) per patient and per node.
Results We found SLN in every case with both studied methods with equal average distribution (3.3 SLN per patient). SLN detection rate per patient was 100% in both techniques. Nodal detection sensitivity was 98,5% for ferromagnetic and 93,8% for radioactive tracer. Malignancy detection rate per patient was 100% positive with both methods. Malignancy rate for nodes was 21,5% and for patients - 45%.
Conclusions We consider the new method of SLN detection with the use of ferromagnetic injection in vulvar cancer patients as reliable, safe and non inferior to the standard of care with a radiocoloid. However these promising data are few thus the SARVU study must be continued to proove the efficacy of a novel technique of Sentimag/Sienna+® use in SLN detection in vulvar carcinoma.

Poster Discussion with the Professor Station 6

IGCS19-0360

101 FERTILITY SPARING TREATMENT WITH LEVONORGESTREL INTRAUTERINE DEVICE AFTER COMPLETE MACROSCOPIC HYSTEROSCOPIC RESECTION FOR WELL DIFFERENTIATED EARLY STAGE ENDOMETRIOD ADENOCARCINOMA IN YOUNG WOMEN

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Objectives To evaluate the efficacy of levonorgestrel-intrauterine DEVICE (LNG-IUD) treatment after complete macroscopic hysteroscopic resection of well differenciated early-stage endometrioid carcinoma (EC) in young women who wished to preserve their fertility.
Methods A retrospective study from a prospective monocentric database was conducted from January 2008 to January 2019. Patients under 45 year old with grade 1 endometrioid adenocarcinoma confined to the endometrium were treated with LNG-IUD after complete macroscopic hysteroscopic resection. At 6 months of treatment, the histologic change of the endometrial tissue was assessed by both vaginal ultrasound and hysteroscopy with curettage. The regression rate at 6 months treatment was evaluated.
Results From a cohort of 226 patients with endometrial cancer diagnosed at our department during the 11 years of the study, 22 were under 45 year old of whom nine patients with FIGO Stage IA grade 1 endometroid carcinoma were enrolled in this study. Two withdrew because they were pregnant at the moment of diagnosis of the cancer and 9 patients completed the protocol treatment. The complete regression (CR) rate at 6 months was 33.3% (3/9). There were 2 cases of progressive disease. Five patients reported some spotting as a treatment-related complication.
Conclusions The need for a fertility spearing treatment to early stage grade 1 endometrioid carcinoma in young women is real but not so frequent in our daily practice. LNG-IUD treatment in addition to complete macroscopic hysteroscopic resection for EC showed 33.3% of CR rate at 6 months with a progression rate of 22.2%.

IGCS19-0164

102 CERVICAL CANCER SCREENING USING PRIMARY HUMAN PAPILLOMAVIRUS (HPV) TESTING IN MOZAMBIQUE: PRELIMINARY RESULTS OF THE CAPULANA STUDY

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Objectives Cervical cancer is the leading cause of cancer and related deaths among women in Mozambique. There is limited access to screening and few trained personnel to manage women with abnormal results. Our objective was to implement primary HPV screening in Mozambique and navigate women with abnormal results to appropriate diagnostic and treatment services.
Methods We prospectively enrolled women aged 30 to 49 at Mavalane General Hospital in Maputo, Mozambique. All