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### DIFFERENCES IN IMMUNE-RELATED ADVERSE EVENTS BETWEEN VULVOVAGINAL VS. CUTANEOUS MELANOMA: A RETROSPECTIVE COHORT STUDY

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**Introduction/Background** Few studies to date have comprehensively examined all immune-related adverse events (irAEs) in vulvovaginal and cutaneous melanoma patients on immune checkpoint inhibitors (ICIs).

**Methodology** We retrospectively analyzed 169 patients with advanced-stage vulvovaginal or cutaneous melanoma who received at least one dose of ICI between June 2012 to December 2018. Descriptive statistics were used to summarize the baseline characteristics, disease outcomes, and toxicity profiles. Chi-square statistical analysis was used to examine associations between irAEs and pre-existing conditions, as well as irAEs and treatment response. P-values <0.05 were considered statistically significant.

**Results** Overall, 53.8% of patients with vulvovaginal melanoma developed irAEs, compared to a similar percentage of 51.9% for patients with cutaneous melanoma. Yet the most common types of irAEs differed between patients. The most common irAEs for patients with vulvovaginal melanoma were gastrointestinal disorders (44.4%), hypothyroidism (22.2%), and renal and urinary disorders (22.2%). On the other hand, the most common irAEs for patients with cutaneous melanoma on ICIs were gastrointestinal disorders (21.7%), cutaneous adverse events (17.9%) and pneumonitis (18.75%). Cutaneous adverse events were overall the most common irAEs, and were significantly associated with patient response to ICIs ( $p = 0.01$ ).

**Conclusion** Nuanced differences in the clinical presentation of irAEs in patients with vulvovaginal vs. cutaneous melanoma are important considerations for initiating ICIs in accordance with melanoma type. Furthermore, cutaneous adverse events were the most common irAEs overall, and were significantly associated with response to ICIs in patients with metastatic melanoma.

**Disclosures** I have no conflicts of interest.

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### THE EFFICACY OF FIBRIN SEALANTS IN REDUCING THE POST-OPERATIVE MORBIDITY AFTER INGUINO-FEMORAL LYMPHADENECTOMY IN MELANOMA AND VULVAL CANCER: BACK TO THE DRAWING BOARD?

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**Introduction/Background** The inguino-femoral lymphadenectomy (IFL) and its associated morbidity remains to date a field of contention. Several intra-operative techniques have been advocated to intimidate the IFL-related complications. Despite the improvements in the IFL technique, apprehension towards operative complications still exists. The intra-operative application of collagen-fibrin sealants (CFS) has emerged as a

promising intervention to reduce the IFL-related lymphorrhoea. To ascertain the clinical utility of CFS during IFL, we performed a meta-analysis to draw conclusions about their efficacy with the primary objective of reducing the volume and the duration of lymphatic drainage. A secondary objective was to elucidate its effectiveness in reducing other wound complications.

**Methodology** MEDLINE, Scopus and Cochrane Database were searched for relevant references from inception until August 2020 in line with PRISMA guidelines. Randomized controlled studies (RCTs) and observational studies (OSs) comparing the post-operative morbidity after IFL with or without the use of CFS were included. The modified Jadad score and the methodologic index for non-randomized studies were used to evaluate the quality of the included studies. Dichotomous variables were assessed using odds ratio (OR), whilst continuous variables were assessed using the standardised mean difference (SMD). Confidence intervals were set at 95%. The DerSimonian-Laird random-effects model was used due to the expected inter-study heterogeneity. Statistical analysis was performed using the RevMan software version 5.3. The level of statistical significance was set at  $p$ -value < 0.05.

**Results** Six RCTs and four OSs encompassing 305 and 221 patients respectively were included. The studies were of moderate quality and characterised by significant clinical heterogeneity. The meta-analysis of RCTs demonstrated that the application of CFS did neither decrease the length of drainage [SMD -0.55 (95% CI -1.34 to 0.23),  $p=0.17$ ] nor the amount of drained output [SMD 0.46 (95% CI -0.29 to 1.20),  $p=0.23$ ]. No significant difference was found regarding the incidence of lymphocele(s) formation [OR 0.96 (95% CI 0.56 – 1.65),  $p=0.88$ ] or other wound complications. The safety profile of CFS was favourable. No severe adverse sequelae were reported.

**Conclusion** Our findings suggest that the use of CFS was not associated with difference in the incidence of IFL-related lymphorrhoea. Their safety profile was favourable. This evidence is constrained by the data available with an inevitable emphasis on short-term outcomes. In view of the lack of clinical equipoise, more high quality RCTs are warranted to draw firmer conclusions. An attempt should be made at standardising outcome measures, which will improve comparability between studies.

**Disclosures** None.

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### ROBOTIC INGUINOFEMORAL GROIN NODE DISSECTION – MODIFICATIONS TO EXISTING ROBOTIC TECHNIQUE

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**Introduction/Background** Techniques to improve problems encountered during robotic Inguino-femoral node dissection and prevent muscle miss during surgery

**Methodology** Identification of muscles in the anterior upper half of the thigh is of paramount importance for approaching femoral triangle and femoral blood vessels. Sartorius and Vastus medialis are almost in the same spot in the anterior middle third of the thigh during dissection. Problems encountered in the initial five robotic groin node dissections with regards to anatomical muscle miss were addressed by