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 (ICls).
Methodology We retrospectively analyzed 169 patients with advanced-stage vulvovaginal or cutaneous melanoma who received at least one dose ofICI 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 ICls 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 ICls (p = 0.01).
Conclusion Nuanced differences in the clinical presentation of irAEs in patients with vulvovaginal vs. cutaneous melanoma are important considerations for initiating ICls in accordance with melanoma type. Furthermore, cutaneous adverse events were the most common irAEs overall, and were significantly associated with response to ICls in patients with metastatic melanoma.
Disclosures I have no conflicts of interest.

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 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