

490

PREDICTIVE VALUE OF PRE-TREATMENT HEMATOLOGICAL PARAMETERS TO DEFINITIVE CHEMORADIATION RESPONSE IN LOCALLY ADVANCED VULVAR CARCINOMA

¹F Abuhijla*, ²R Abuhijliih, ²S Salah, ¹S Koro, ¹J Jaradat, ³H Almasri, ³I Lataifeh, ⁴M Shahait, ⁴M Al-Hussaini, ¹I Mohamad. ¹King Hussein Cancer Center, Radiation Oncology Department, Jordan; ²King Hussein Cancer Center, Medical Oncology Department, Jordan; ³King Hussein Cancer Center, Surgical Oncology Department, Jordan; ⁴King Hussein Cancer Center, Pathology Department, Jordan

10.1136/ijgc-2021-ESGO.623

Introduction/Background* To evaluate the predictive value of pre-treatment haematological parameters including haemoglobin level (Hb), neutrophils lymphocyte ratio (NLR) and platelet lymphocyte ratio (PLR) on clinical and radiological response for definitive chemoradiation in locally advanced vulvar cancer.

Methodology Charts of patients who were treated at King Hussein Cancer Centre with definitive chemoradiation for pathologically confirmed locally advanced vulvar carcinoma where reviewed. Response to primary disease was labelled as complete response (CR): if no clinical or radiological residual disease at 12 weeks of completion chemoradiation. Univariate analysis for complete response, progression free survival (PFS) and overall survival (OS) were performed using clinical factors and pre-treatment hematological parameters.

Result(s)* Out of 30 patient who were included in analysis, with mean follow up of 27 months, range (6.7-78); 24 patients achieved CR (80%) at 12 weeks of treatment completion. On follow up (mean 27 months), 12 patients developed disease progression (40%) and 9 patients died (30%). Low pre-treatment NLR (<3.8) was significant prognostic factor for achieving CR ($p<0.049$), higher PFS ($p<0.0067$) and OS ($p<0.0001$). Low pre-treatment PLR showed higher PFS ($p<0.0276$), while pretreatment Hb was not associated with prognosis.

Abstract 490 Table 1 (N= 30)

name	value	Total	Status (response)		Fisher Exact P-value
			CR	DP	
HB cutoff mean	HB<=11.6	15(50.0%)	10(41.7%)	5(83.3%)	0.169
	HB>11.6	15(50.0%)	14(58.3%)	1(16.7%)	
NLR cutoff mean	NLR<=3.8	21(70.0%)	19(79.2%)	2(33.3%)	0.049
	NLR>3.8	9(30.0%)	5(20.8%)	4(66.7%)	
PLR cutoff mean	PLR<=17.4	19(63.3%)	17(70.8%)	2(33.3%)	0.156
	PLR>17.4	11(36.7%)	7(29.2%)	4(66.7%)	

Conclusion* Pre-treatment NLR may be useful as predictive tool to predict clinical and radiological response and oncological outcomes for locally advanced vulvar cancer treated with definitive chemoradiation.

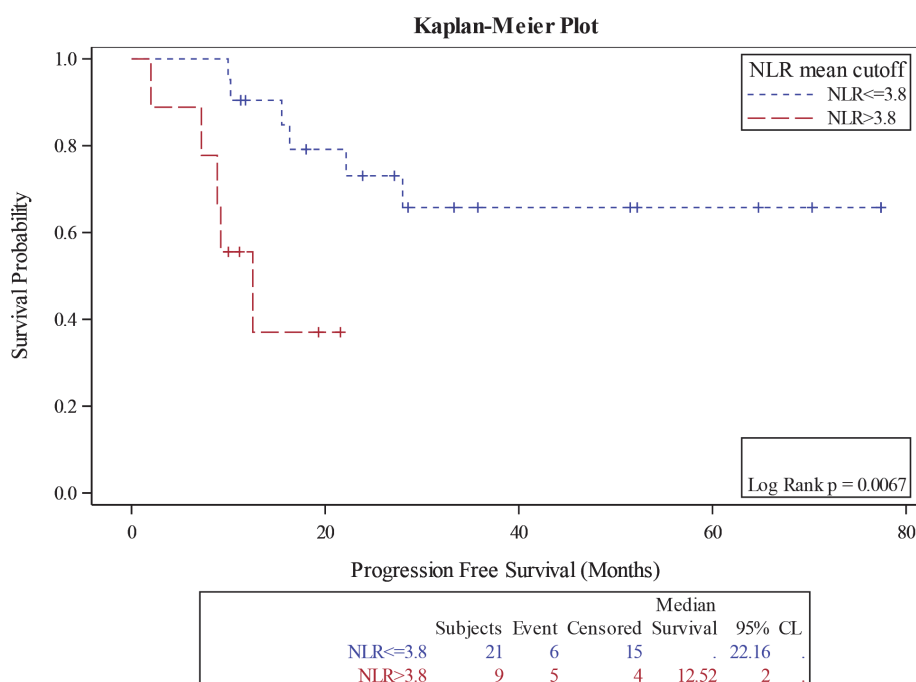
551

VULVAR CANCER – STILL SILENT KILLER?

M Szubert*, M Lec, K Molisak, A Rycerz, A Nowak, JR Wilczynski. Medical University of Lodz, Poland, I Department of Gynecology and Obstetrics, Clinic of Surgical and Oncologic Gynecology, Lodz, Poland

10.1136/ijgc-2021-ESGO.624

Introduction/Background* Vulvar cancer is a rare neoplasm of the female genital organs. In 2020, less than 1% of women in Poland was diagnosed with this disease. Nevertheless, it remains an important clinical problem due to its localization and therapeutic difficulties. The aim of the study was to investigate risk factors, treatment protocols,



Abstract 490 Figure 1