perioperative complications and follow-up have been evaluated.

Result(s)* Thirteen patients (8 primary, 4 recurrent VC) underwent 15 TRIPLE procedures (11 monolateral, 2 bilateral). Patients' median age was 68 (range: 58-93); Eight of them had relevant comorbidities (61.5%). Up front locoregional radiotherapy was previously performed in three cases (23.1%). Pathology report showed: metastatic lymph nodes were found in 14 (66.7%) groins and 11 (73.3%) pelvic sites; the mean number of removed and metastatic PLNs was 13.5 (range: 5-33) and 3.2 (range: 1-18), respectively. No specific intraoperative complications occurred. One (6.7%) postoperative site-specific complication was reported (pelvic abscess, grade 2), completely restored by antibiotics. One patient died due to concomitant pneumonia. No PLN recurrence occurred during follow-up (median 9 months). Three patients (23.1%) had distant site progression (median PFS 9 months).

Conclusion* TRIPLE seems to be a feasible and safe technique, providing adequate lymph node dissection. Despite high-risk and fragile population, morbidity was similar to previously data reported for conventional mini-invasive approaches. Prospective larger comparative series are necessary.

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ABSTRACT WITHDRAWN

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PELVIC EXENTERATION FOR VULVAR CANCER: POSTOPERATIVE MORBIDITY AND ONCOLOGIC OUTCOME – A SINGLE CENTER RETROSPECTIVE STUDY

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Introduction/Background* Pelvic exenteration may be necessary for some patients with primary locally advanced or recurrent vulvar cancer. The procedure is associated with significant morbidity and mortality and requires highly specialized surgical skills as well as careful patient selection. In Norway, the procedure is largely centralized to Oslo University Hospital (OUH). Few case series have been published to date.

Methodology This single center retrospective study included patients treated with pelvic exenteration for primary locally advanced or recurrent vulvar cancer between 1995 and 2019 at OUH, Norway. Complications were coded according to the contracted Accordion classification. Descriptive statistics were used. Follow up time was calculated with the Inverse Kaplan Meyer method. Progression free survival (PFS) and overall survival (OS) were estimated with the Kaplan Meyer method.

Result(s)* 31 patients were followed for a median of 4.94 years (95%CI: 3.37-NR). 55% were exenterated for a primary vulvar cancer, and 45% had recurrent vulvar cancer. 19% underwent anterior, 19% posterior, 32% modified posterior and 29% total exenteration. Histopathological free margins were achieved in 28 (90%) of the patients. Four (13%) patients received adjuvant treatment due to lymph node metastasis at the time of exenteration. The 90 days morbidity for grade 3 complications was 61%, while 10% had no

complications. The 90 days mortality rate was 3%. 16 patients (52%) relapsed, and more than half of the recurrences were localized in the pelvis (4 of 17 patients with primary vulvar cancer; 6 of 14 patients with relapsed vulvar cancer). During follow up, 18 (58%) patients died, 11 of those from vulvar cancer. Median PFS and OS were 3.12 years (95% CI: 1.19-NR) and 4.87 years (95%CI: 1.74-9.00) respectively. Three-year PFS and OS were 50% (95% CI 31-67%) and 60% (95%CI: 40-75%), respectively.

Conclusion* Acceptable oncologic outcomes after pelvic exenteration for primary and recurrent vulvar cancer can be achieved if surgery is centralized. Still, the procedure is associated with considerable morbidity and high risk of relapse. Despite the exceptionally high rate of free margins, the majority of relapses were localized to the pelvis, in particular among patients with relapsed disease. Improved outcomes may be achieved with incorporation of biomarkers beyond clinical characteristics for selection, as well as consideration of multimodal treatment.

Abstract 1050 Table 1 Patient characteristics and oncologic outcome (N=31)

Variable	Mean	Range
Age (years)	64	33-80
Body mass index	26	17-38
	N	%
Histology	30	96.8
Squamous cell carcinoma	1	3.2
Malignant melanoma		
Reason for surgery	17	54.8
Primary disease	14	45.2
Recurrent disease		
Type of Exenteration	9	29.0
Total	6	19.4
Anterior	6	19.4
Posterior	10	32.3
Modified posterior		
Margins	28	90.3
Negative	3	9.7
Positive		
Pelvic lymph nodes	5	16.1
Positive	13	41.9
Negative	13	41.9
Not assessed		
90 days morbidity (Accordion)*	3	9.7
No complications	24	77.4
Any Grade 2	19	61.3
Any Grade 3	1	3.2
Any Grade 4 (mortality)		
Relapse	16	51.6
Site of relapse	10	32.3
Central/pelvic	2	6.5
Pelvic lymph nodes	2	6.5
Distant metastasis	1	3.2
Central and distant metastasis	1	3.2
Pelvic lymph nodes and distant metastasis		

*Overlap. 16 of the patients with Grade 3 or Grade 4 complications also had Grade 2 complications.