panel included: p16, p53, MLH1, MSH2, MSH6, PMS2, PD-L1, CD3, HER2/neu, ER, PR, EGFR, VEGF and CD31. The reactions were evaluated on qualitative and semi-quantitative scale. Generalized Linear Model (GLM) and Cluster analysis were performed in R statistical environment. A distance plot compared the IHC panel of T with the correspondent N.

**Result(s)*** Mismatch repair proteins (MMR), ER, PR and HER2/neu were excluded from data analysis because of homogeneous expression in all samples. Group A: the p16-positive expression (surrogate of HPV-dependent pathway) was significantly higher (20.8% vs 6.2%, p = 0.04). Group B: PD-L1-positive and high EGFR expression were found respectively in 77.1% and 97.9% patients, (T and/or N). Overall, p16-negative tumors showed a higher PD-L1 expression (60.9% vs. 50.0%). In both groups tumoral immune infiltration (CD3 expression), was mainly moderate/intense (80% vs. 95%). VEGF showed strong/moderate-diffuse expression in 13.9% of T samples. CD31 was used to study tumoral micro vessel density (MVD) with no difference between Group A and Group B. p53 and PD-L1 showed a significant association with nodal metastasis. Odds ratio (OR) for p53 mutation was 4.26 (CI 95% = 1.14 – 15.87, p = 0.03); OR for PD-L1 positivity was 2.68 (CI 95% = 1.0 – 7.19, p < 0.05).

The cluster analysis identified 3 and 4 sub-groups of molecular profiles respectively in Group A and B, with no different prognosis. Moreover, the molecular profile of each N and corresponding T diverged significantly in 18/41 (43.9%) cases.

**Conclusion*** These results support a potential role of immune checkpoint inhibitors and anti-EGFR drugs in a subset of patients with VSCC, especially with worse prognosis (metastatic, HPV-independent). It is mandatory to repeat the panel in the metastatic site to identify changes of marker expression.

## 1080 UPDATE OF THE GROSNAPET STUDY: ON THE WAY TO OVERCOME SENTINEL NODE LIMITS IN VULVAR CANCER

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**Introduction/Background*** Sentinel node biopsy (SNB) is the standard of care for vulvar cancer patients clinically N0 (cN0) at preoperative assessment, with unifocal primary tumor, < 4 cm, not previously excised nor subjected to neoadjuvant treatment. The cN0 patients unsuitable for these strict criteria currently undergo to radical lymphadenectomy, resulting unnecessary in the 70% of cases, due to a negative final histology. In our previous prospective trial (GroSNaPET study) we performed in this subgroup of patients the SNB followed by standard lymphadenectomy, demonstrating safety and accuracy of SLN (73 groins enrolled). In this report on the extended series including a total of 111 groins, we update the follow up data.

**Methodology** According to the Grosnapet study design, lymph node status was assessed by pre-operative PET/CT scan and cN0 patients were enrolled on the base of the following criteria: a) Tumor > 4 cm, b) Multifocal tumors, c) previous complete excision; d) contralateral nodal involvement, e) previous RTCT treatment or f) vulvar recurrence. Vulvar surgery was performed according to current recommendations, as appropriate. Sentinel lymph node was detected by radiotracer and blue dye to reach the maximum detection rate. Radical lymphadenectomy was always provided after SNB, according to the standard of care. Both PET/CT scan and SNB were compared to final pathology report. Patients were followed up quarterly, undergoing clinical visit, groin ultrasound and PET/CT scan.

**Result(s)*** During the study period, 72 patients were considered eligible for a total of 111 groins included. Median patient's age was 73yrs. Histopathology revealed 16 (14.4%) groins with metastatic sentinel nodes (SLNs). Only one case had further involved non SLNs. Overall, 18/274 (6.5%) SLN excised were positive at histology. Median metastasis diameter was 4.8 (1.5-12). One false negative SN was identified (NPV 99%). PET/CT showed an NPV of 92%. After a median follow-up of 38 months (range 1-97 months), 19 recurrences and 6 deaths were registered. The 3-year disease-free survival (DFS) was 72.6%.

**Conclusion*** This is the largest series that strongly support the use of SNB in cN0 patients currently excluded. A careful preoperative study could safely select eligible patients. Further validation is advisable.

## 1081 VULVAR CANCER TREATMENT BETWEEN 2010 AND 2019: THE EXPERIENCE OF A SINGLE ROMANIAN CANCER CENTER

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**Introduction/Background*** The purpose of this study was to evaluate 5-year overall survival (OS), disease free survival (DFS) and local control (LC) for patients diagnosed with primary vulvar cancer and treated at Institute of Oncology "Prof. Dr.Ion Chiricuta" Cluj-Napoca, Romania.

**Methodology** Between 2010 and 2019 a number of 306 patients with vulvar cancer were treated in our institution, from which we included in this retrospective study 233 patients with squamous cell vulvar cancer; based on FIGO staging: 19 (8.2%) patients were stage 0, 115 (49.4%) stage I, 17 (7.3%) stage II, 66 (28.3%) stage III and 16 (6.8%)