

**Objectives** It is widely accepted that HLA-G belongs to the group of checkpoint molecules, implicated in different pathways of immune suppression allowing tumors escape. Here, we investigated HLA-G expression in vulvar squamous cell carcinoma (VSCC) to explore the potential implication of these molecules as prognostic markers.

**Methods** Immunohistochemistry was performed to evaluate HLA-G expression using the monoclonal antibody anti-HLA-G clone 4H84 that specifically identifies the denatured heavy chain of all HLA-G isoforms. Association with clinicopathological factors and survival were analyzed in 56 VSCC treated with radical vulvectomy. Mann-Whitney (MW) U test was used to estimate differences in HLAG levels expression in subgroups. Survival estimation was calculated by the Kaplan-Meier test.

**Results** HLA-G was highly expressed in 11 of the 56 (19.6%) primary tumor specimens. The high HLA-G expression level was reported in high-sized tumors (PMW=0.03) and increased invasion depth (PMW=0.01). HLA-G high expression was also noted in 72,7% of advanced stages with a borderline significance (PMW=0.08). A high level of HLA-G was not associated with tumors' resection margins (PMW=0.18). Assessment of patients' survival by Kaplan-Meier analysis indicated an adverse correlation between HLA-Ghigh expression and overall survival rate of VSCC patients (log-rank; P=0.00037). Therefore, the 5-year cumulative survival rates of patients with HLA-Ghigh expression was 10.5%. In the same way, HLA-G high expression reduced the disease-free survival (P=0.002).

**Conclusions** Our study shows that VSCC expresses high HLA-G that has been associated with an unfavorable clinical outcome. These findings suggest that HLA-G might be considered as a novel postoperative prognostic indicator for VSCC

#### EPV286/#444 TRENDS IN MORBIDITY OF VULVAR CANCER IN UZBEKISTAN

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**Objectives** To analyze trends in cancer morbidity for vulvar cancer (VC) in Uzbekistan.

**Methods** We collected vulvar cancer incidence data from official statistics in Uzbekistan for the years 2017+2018.

**Results** Totally 131 patients with VC have been registered, 61 in 2017 and 70 in 2018 of which rural women are 33, 40 and respectively. According to the age patients were registered as follows: in 2017 from 18 to 35 years old - 4 patients, from 36 to 55 years old - 14 patients, from 56 to 70 years old - 35 patients, older than 70 years old - 19 patients; in 2018 from the age of 18 up to 35 years old 1 patient, 36–55 years old - 20 patients, 56–70 years old - 24 patients and 16 patients are older than 70 years. In 2017, the largest number of VC patients were registered in Tashkent (17), Kashkadarya (10), Bukhara (10) and Tashkent regions (8). In 2018, there was an increase in the number of VC patients in the Republic of Karakalpakstan (from 4 to 13), in the Khorezm region (from 5 to 9), while in Tashkent and the Tashkent region the number of registered cases of VC decreased (9 and 3, respectively). In 2018, the number of VC cases increased in

Tashkent region, Tashkent and Namangan (10, 9 and 9 respectively). In Syrdarya, Jizzakh and Navoi regions in 2017–18 years there were no cases of VC.

**Conclusions** Screening programs will allow timely diagnosis of vulvar background and precancerous diseases and reduce the number of patients with this pathology.

#### EPV287/#539 SURGICAL TREATMENT OF VULVAR CARCINOMA IN VERY ELDERLY ITALIAN POPULATION: A RETROSPECTIVE STUDY

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**Objectives** Vulvar carcinoma (VC) is a rare condition: there is a lack of evidence on treatment in Very Elderly (VE) patients. Aim of the study is to evaluate outcome of surgical resection of VC in the VE population (80 or more years).

**Methods** Age at diagnosis, FIGO stage, surgical management, groin involvement, site of relapse, disease free survival and overall survival (OAS) were collected for each patient.

**Results** 32 patients were managed between 2000 and 2020. Mean age at diagnosis was 82.8 years [80–92 years]. Surgical treatment consisted of radical vulvectomy in 22 (68.7%) cases and wide local excision in 10 (31.3%). All patients underwent groin node dissection: 17 (53.2%) monolateral, 15 (46.8%) bilateral. FIGO stage was I in 18 cases (56.3%), II in 1 case (3.1%), 12 had positive nodes (stage III) (37.5%) and 1 case had stage IV (3.1%). Adjuvant radiotherapy was delivered in 5 patients (15.6%). Most common complication was wound breakdown that occurred in 2 cases (6.3%). 15 patients (46.9%) were lost at follow-up. 5 vulvar and groin recurrences were observed (29.4%). Median time to relapse was 21 months [5–47]. Mean OAS was 59.9 months for patients with negative nodes and 13 months for those with positive nodes. Overall survival for the entire group was 35 months [2–148] and 7 (21.9%) patients are alive without evidence of disease.

**Conclusions** Surgical management of VC is feasible even in the VE population. Complication rate is acceptable, groin dissection appears to have a prognostic rather than a therapeutic purpose.

#### EPV288/#61 VERRUCCIOUS CARCINOMA OF THE VULVA: PATTERNS OF CARE AND TREATMENT OUTCOMES

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**Objectives** Verrucous vulvar carcinoma (VC) is an uncommon and distinct histologic subtype of squamous cell carcinoma (SCC). The goals of this study were to analyze patient data from the National Cancer Database (NCDB) to quantitate the incidence of VC and to investigate the effects of patient and tumor demographic factors and treatment regimens on overall survival (OS).

**Methods** Patients diagnosed with vulvar SCC or VC between the years of 2004 and 2016 were identified in the NCDB. OS was assessed with Kaplan-Meier curves and the log-rank test. Construction of a Cox model compared survival after controlling for confounding variables.

**Results** The reported incidence of SCC of the vulva has significantly increased since 2004 ( $p < 0.0001$ ). In contrast, the incidence of VC has remained stable since 2004 ( $p = 0.344$ ). Compared to SCC, VC was significantly more likely to be diagnosed in older women ( $p < 0.0001$ ) and treated with surgery alone ( $p < 0.0001$ ). However, on propensity score weighted analysis there was a trend toward improved OS in women with VC compared to those with SCC ( $p = 0.0794$ ). Multivariable Cox survival analysis showed an improvement in OS in VC patients treated with both primary site and regional lymph node surgery compared to primary site surgery alone (HR 0.67, 95% confidence interval [CI] 0.46 – 0.97,  $p = 0.0357$ ).

**Conclusions** Verrucous carcinoma is more likely to present in women at an older age. Regional lymph node surgery in addition to primary site surgery significantly improves OS in VC patients.

EPV289/#657 **EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH MALIGNANT VULVA NEOPLASIA ATTENDED AT SANTA MARCELINA ITAQUERA HOSPITAL – SAO PAULO**

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**Objectives** Objective: To study the epidemiological profile of patients diagnosed with vulvar malignancy seen at Santa Marcelina Itaquera Hospital (HSM) in São Paulo.

**Methods** Analysis of medical records of patients undergoing follow-up at the Gynecology Oncology outpatient clinic between the years 2008 to 2020. The information analyzed were: age, parity, smoking, histological type of the tumor, neoadjuvance, surgical treatment, adjuvance, recurrence, lymph node involvement and death.

**Results**

**Result** 45 patients were seen, whose average age was 66 years, which numerically represents 51.11% of the patients seen; 26.66% were smokers and the most common histological type is squamous cell carcinoma, marking 82.22% of all other types identified. Five patients (11.11%) were classified as stage I, fifteen (33.33%) stage II, thirteen (28.88%) stage III and twelve (26.66) of stage IV patients. Within this scenario, neoadjuvant therapy was part of 60% of the cases; surgical treatment 80% and adjuvance 62.22%. Sixty-four percent of the patients did not experience recurrence or disease progression. Forty percent of patients who did surgical procedure with lymphadenectomy had lymph node involvement and twenty-four patients (53.33%) died.

**Conclusions**

**Conclusion** The epidemiological profile of patients are consistent with the literature, from the age group, histological type, percentage of death and recurrence. The high rate of death is mainly related to late diagnosis, although neoadjuvant treatment allows surgery in advanced cases.

EPV290/#90 **LONG-TERM RESULTS OF PRIMARY VAGINAL CANCER TREATMENT: THE BELARUS NATIONAL CANCER CENTRE EXPERIENCE**

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**Objectives** To study the long-term results of treatment of vaginal cancer (VC) patients and to evaluate the results of diagnosis and treatment of patients living in urban and rural areas.

**Methods** The data of 70 patients with primary VC treated at NN Alexandrov National Cancer Centre of Belarus from 2000 to 2019 were included. The median age was 64 years (range, 32–87). Morphology in 91.5% (64/70) cases was squamous cell cancer, in 7.1% (5/70) – adenocarcinoma, in 1.4% (1/70) – adenosquamous carcinoma. The distribution by the stage was as follows: Stage I in 17 (24.3%) patients, Stage II in 30 (42.9%), Stage III in 12 (17.1%), Stage IV in 11 (15.7%) cases. Treatment was performed in 82.8% (58/70) cases: in 94.1% (16/17) for Stage I disease, in 83.3% (25/30) for Stage II, in 91.7% (11/12) for Stage III, and in 54.5% (6/11) for Stage IV.

**Results** The median follow-up time was 33 months (range, 1–220). A total of 42 women died: 28 from progression of VC and 14 from other diseases. Overall survival (OS) was 31.9 ± 6.8%, median survival - 41 months (95% CI 0.0–105.3). Disease-specific survival (DSS) for the entire group was 54.5 ± 6.8%, median not reached. The overall survival rate of urban women was 44.8 ± 10.6%, rural - 22.5 ± 8.2%,  $p = 0.142$ ; DSS - 57.6 ± 10.5% and 53.0 ± 8.4%,  $p = 0.448$ , respectively.

**Conclusions** The DSS rate was 54.0 ± 6.8%; the OS rate did not exceed 31.9 ± 6.8%. Rural residence was not associated with late stage at diagnosis or receipt of treatment.

EPV293/#425 **EFFECT ON OVERALL SURVIVAL OF CANCER PROGRAM-LEVEL VARIATION IN THE USE OF NEOADJUVANT CHEMOTHERAPY FOR ADVANCED OVARIAN CANCER: A DIFFERENCE-IN-DIFFERENCES STUDY**

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**Objectives** To evaluate the effect of cancer program-level variations in use of neoadjuvant chemotherapy (NACT) on overall survival among patients with advanced ovarian cancer.

**Methods** We included women with advanced-stage epithelial ovarian cancer treated 2004–2015 in Commission on Cancer-accredited cancer programs that began administering NACT liberally or continued to restrict its use after the publication of a randomized trial in 2010. We used flexible parametric survival models to perform a difference-in-differences analysis