

2022-VA-632-ESGO

### TOTAL RESECTION OF AGGRESSIVE PELVIC ANGIOMYXOMA BY COMBINATION OF ROBOTIC & VAGINAL APPROACH

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**Introduction/Background** Aggressive angiomyxoma is an infrequent mesenchymal tumor, primarily arising in the soft tissue. Either diagnosis and treatment are challenging and proper surgical planification is crucial to remove the tumor completely. We present a surgical video about complete excision of massive vulvar angiomyxoma.

**Methodology** A 43-year-old patient was suspected of vulvar angiomyxoma due to vulvar asymmetry. MRI and 3D reconstruction were performed for surgical planification and high tumor of 195x159 mm (wide x length) was observed from left ischio-anal fossa to left para-vesical space. Patient underwent a combination of robotic (Da Vinci Xi System®) and vaginal surgery.

**Results** The patient was discharged after 48h from surgery. After 30 days from surgery, no complications were recorded. Pathological results confirmed aggressive vulvar angiomyxoma.

**Conclusion** Optimal surgery planification is mandatory for infrequent tumors such as vulvar angiomyxoma. 3D reconstruction, even augmented reality, are excellent tools for guiding surgery. Combination of abdominal approach by robotics and conventional vaginal approach, allows to complete challenging surgeries as high volume angiomyxoma.

2022-RA-642-ESGO

### LONG TERM FOLLOW-UP IN PATIENTS TREATED WITH ELECTROCHEMOTHERAPY FOR VULVAR CANCER

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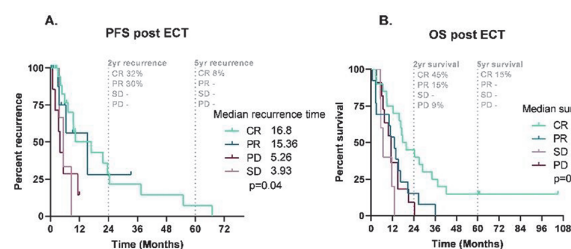
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**Introduction/Background** Recurrence of vulvar cancer (VC) poses management problems due to the advanced age and comorbidities of the patients. Electrochemotherapy (ECT) with bleomycin is a new treatment option for these cases. We previously evaluated the ECT short-term response of recurrent VCs refractory to standard therapies. To date, no long-term follow-up results are available in such patients. This is a multicenter observational study carried out in two Italian centers with the purpose of evaluating the two-year outcomes of these patients.

**Methodology** Data about patients, tumor characteristics, ECT cycles, clinical response and follow-up were recorded. The procedures were performed according to European Standard Operative Procedure (ESOP) guidelines. Response was evaluated according to the RECIST criteria.

**Results** Fifty-one patients, with a median age of 81.1±7.9 years and affected by squamous cellular carcinoma were treated with ECT. The majority of patients received one ECT with a range between 1–4 sessions. No serious adverse events

were reported. A total of 20 patients had complete remission (CR) among which 32% retained their disease-free status after 2-years (median recurrence time of 16.8 months). Out of the 13 patients with initial partial response (PR), 30% did not show disease progression (median recurrence time of 15.4 months). On the other hand, patients with stable (SD) or progressive disease (PD) showed signs of worsening after 3.9 and 5.3 months, respectively (p=0.04). As far as survival is concerned, median survival was 18.8 months for patients with CR, 13.1 months for patients with PR, 6.7 and 11.1 months for patients with SD and PD respectively (p=0.002).



**Abstract 2022-RA-642-ESGO Figure 1** A) Progression free survival (PFS) and B) Overall survival of patients treated with ECT for recurrent vulvar squamous cellular carcinoma

**Conclusion** Long follow-up of VC patients has showed that those who benefit most from ECT treatment were complete responders. Based on these results and considering the scarce availability of treatment options for VC recurrences, ECT represents a promising alternative of these patients.

2022-RA-671-ESGO

### IDENTIFICATION OF RISK FACTORS OF RECURRENCE AMONG PATIENTS WITH VULVAR PAGET'S DISEASE TREATED WITH CONSERVATIVE SURGERY: A RETROSPECTIVE COHORT

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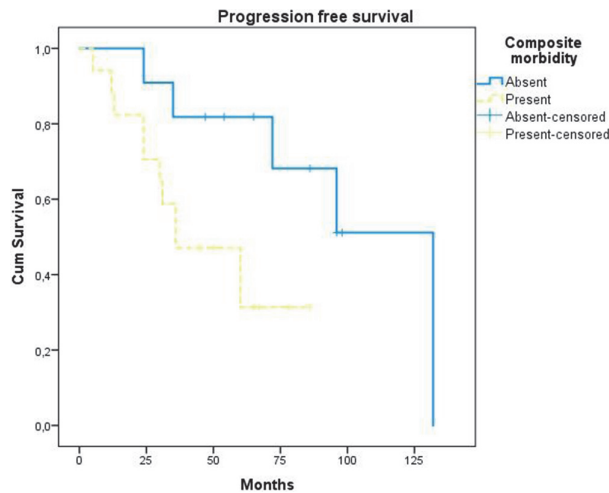
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**Introduction/Background** Vulvar Paget's disease is a benign disease with high recurrence rates. Standard treatment involves conservative surgery with wide local excision of the lesion. The purpose of the present study is to identify factors that increase the risk of relapse.

**Methodology** We conducted a retrospective study and included patients treated with conservative surgery for non-invasive vulvar Paget's disease. Cox regression analysis was carried out to assess the independent effect of age, presence of positive margins, tumor size >4 cm, bilateral lesions and composite morbidity and pathology on recurrence free survival. Post hoc power analysis was performed with the G-power tool using an alpha error of 0.05.

**Results** Overall, 39 patients were included with a median age of 70 years (46–85). Of those 19 patients relapsed within a median duration of 30.5 months (5–132 months). Twelve patients (63%) experienced at least a second relapse. The presence of composite co-morbidity significantly affected the interval to recurrence (30.09 months vs 71.80 months, p=.032). Univariate Cox-regression analysis revealed that the presence of composite pathology features was indicative of a higher risk of recurrence (HR -3.71, p=.024). The sample size did not allow

for adequate power for this latter finding. Microscopically involved tumor margins and tumor size >4 cm did not predict patients at risk of experiencing relapsing disease.



Abstract 2022-RA-671-ESGO Figure 1

**Conclusion** Patients with non-invasive vulvar Paget's disease experience high relapse rates. The presence of concurrent benign vulvar pathology may increase these rates, although larger sample sizes are needed to ascertain our findings.

#### 2022-RA-690-ESGO

#### UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY IN PATIENTS WITH EARLY-STAGE VULVAR SQUAMOUS CELL CARCINOMA AND A UNILATERAL METASTATIC SENTINEL LYMPH NODE IS SAFE

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**Introduction/Background** Optimal management of the contralateral groin in patients with early-stage vulvar squamous cell carcinoma (VSCC) and a metastatic unilateral inguinal sentinel lymph node (SN) is unclear. We analyzed patients who participated in GROINSS-V I or II to determine whether treatment of the contralateral groin can safely be omitted in patients with a unilateral metastatic SN.

**Methodology** We selected the patients with a unilateral metastatic SN from the GROINSS-V I and II databases. We determined the incidence of contralateral additional non-SN metastases in patients with unilateral SN-metastasis who underwent bilateral inguinofemoral lymphadenectomy (IFL). In those who underwent only ipsilateral groin treatment or no further treatment, we determined the incidence of contralateral groin recurrences during follow-up.

**Results** Of 1912 patients with early-stage VSCC, 366 had a unilateral metastatic SN. Subsequently, 244 had an IFL or no treatment of the contralateral groin. In eight patients (8/244; 3.3% [95% CI: 1.7%-6.3%]) disease was diagnosed in the contralateral groin: six had contralateral non-SN metastasis at IFL and two developed an isolated contralateral groin recurrence after no further treatment. Six of them had a primary tumor  $\geq 30$  mm. Bilateral radiotherapy was administered in 122 patients, of whom one (1/122; 0.8% [95% CI: 0.1%-4.5%]) had a contralateral groin recurrence.

**Conclusion** The risk of contralateral lymph node metastases in patients with early-stage VSCC and a unilateral metastatic SN is low. It appears safe to limit groin treatment to unilateral IFL or inguinofemoral radiotherapy in these cases, particularly if the primary tumor is <30 mm.

#### 2022-RA-698-ESGO

#### SURVIVAL OUTCOMES OF PATIENTS WITH VAGINAL MELANOMA: AN INSTITUTIONAL CASE SERIES AND A SYSTEMATIC REVIEW WITH IPD ANALYSIS

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**Introduction/Background** Vaginal melanoma is a rare form of gynecologic malignancy that that accounts for approximately 0.2% of all melanomas. Survival rates reported in large multi-institutional studies report a recurrence-free survival rates that exceed 70% in 5 years and mean overall survival rates that range between 4 and 5 years. In the present case series and systematic review we accumulate current evidence in the field.

**Methodology** We performed a retrospective chart review of vaginal melanoma patients treated in our hospital as well as a systematic review of the literature using Medline, Scopus, Clinicaltrials.gov, EMBASE, Cochrane Central Register of Controlled Trials CENTRAL and Google Scholar databases investigating for individual patient data that could be used for survival analyses

**Results** Overall, 124 patients were retrieved from international databases and 6 patients with primary vaginal melanoma were identified from the retrospective chart reviews of our hospital. The mean progression free survival time of patients retrieved from the literature search was 19.2 months (95% CI 11.2, 27.2). The mean overall survival time was 36.2 months (95%