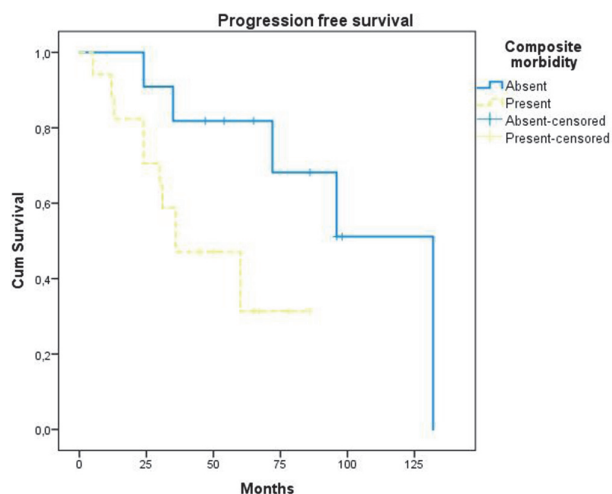


for adequate power for this latter finding. Microscopically involved tumor margins and tumor size >4 cm did not predict patients at risk of experiencing relapsing disease.



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 GROININGEN INTERNATIONAL STUDY ON SENTINEL NODES IN VULVAR CANCER (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 ≥ 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%