Abstracts

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

1Willemijn L van der Kolk, 1Atje GJ van der Zee, 2Brian Slomovitz, 3Peter JF Baldwin, 4Helena C van Droom, 5Joanne A de Hullu, 6Jacobus van der Velden, 7Katja N Gaarlenstroom, 8Brijitte FM Slagen, 9Preben Kjeldhe, 10Mats Brännström, 11Ignace Vergroote, 12Catherine M Holland, 13Robert Coleman, 14Eleonora BL van Dorst, 15Willemijn L van der Kolk, 16David Nunns, 17Martin Widschwendter, 18David Nugent, 19Eleonora BL van Dorst, 202022-RA-690-ESGO

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 GROningen 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.

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

Eleftherios Zacharou, Vasilios Pergialiotis, Ioannis Prokopakis, Athanasios Vlachos, Dimitrios Haidopoulos, Alexandros Rodolakis, Nikolaos Thomakos. 1st Department of Obstetrics and Gynecology, Alexandra hospital, Athens, Greece

Introduction/Background

Vaginal melanoma is a rare form of gynecologic malignancy 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 overall mean survival time was 36.2 months (95%...
CI 22.8, 49.6). At 5 years only 7% of patients (9/107) were alive. Only 3 patients were free of disease at 5 years.

Conclusion Survival outcomes of patient with vaginal melanoma are poor as the disease is associated with short intervals to recurrence and high mortality rates. Various treatment strategies have been published throughout the years with novel targeted therapies achieving the best survival rates.