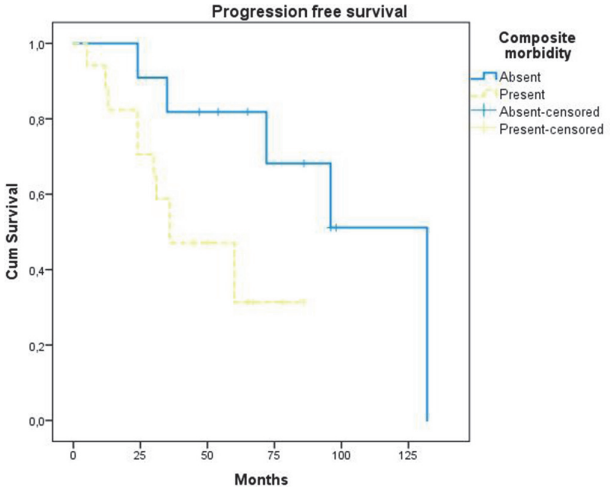
for adequate power for this latter finding. Microscopically involved tumor margins and tumor size >4 cm did not predict patients at risk of experiencing relapsing disease.



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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10.1136/ijgc-2022-ESGO.925

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 nu 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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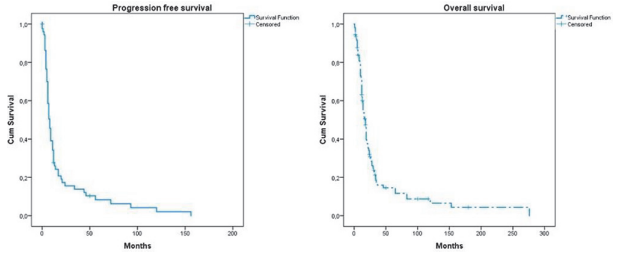
10.1136/ijgc-2022-ESGO.926

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 thar 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%

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.



Abstract 2022-RA-698-ESGO Figure 1

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.

2022-RA-725-ESGO TREATMENT PATTERNS & OUTCOMES OF PATIENTS WITH LOCALLY ADVANCED VULVAR OR VAGINAL CANCER IN BRITISH COLUMBIA

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10.1136/ijgc-2022-ESGO.927

Introduction/Background As vulvar and vaginal cancers are rare malignancies, treatment is extrapolated from the cervical cancer field, in which concurrent chemoradiation is used. Thus, further studies are necessary to evaluate whether surgery, radiotherapy (RT), or combined chemoradiotherapy (CCRT) will benefit patients the most.

Methodology A retrospective chart review was conducted on patients diagnosed with vulvar or vaginal cancer in 2000–2017. Descriptive statistics were used to compare survival outcomes between surgery, RT only, and CCRT.

Results We included 688 patients with either vulvar (N=560, 81%) or vaginal cancer (N=128, 19%). Median age of diagnosis was 68 (range 27–98) years. In multivariate survival analysis, vulvar cancer was associated with more likelihood of death compared to vaginal cancer (Hazard ratio (HR): 1.50, p=0.042). For patients who received curative RT, median OS (mOS) was 63.8 months with concurrent chemotherapy vs 46.3 months without (p=0.75) for vulvar cancer; for vaginal cancer, mOS was 100.4 months with concurrent chemotherapy vs 66.6 months without (p=0.31). For those who received RT (N=224, 40%; HR: 0.80, p=0.25), adding chemotherapy was not associated with statistically significant improvement in OS for vulvar (N=101, 18%; HR: 0.80, p=0.30) or vaginal (N=51, 40%; HR: 1.31, p=0.41) cancers. Vulvar cancer patients who received ≥5 weeks of chemotherapy had better OS (HR: 0.78, p=0.038) vs <5 weeks of treatment. This effect on OS was not seen in vaginal cancer patients (HR: 0.95, p=0.86). In the 221 (32%) patients who had disease relapse, the most common patterns of relapse were the pelvis without RT (N=96, 43%) and the primary site where radiation was given (N=89, 40%).

Conclusion In this retrospective study, CCRT was not associated with significant improvements in survival for patients with vulvar or vaginal cancer compared to RT only. Future studies investigating novel therapies to treat these cancers are needed to improve patient outcomes.

2022-VA-730-ESGO VULVAR AND CLITORAL RECONSTRUCTION USING BILATERAL SINGAPORE ISLAND PERFORATOR FLAP AFTER ANTERIOR VULVECTOMY

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10.1136/ijgc-2022-ESGO.928

Introduction/Background Surgical treatment of vulvar cancer can lead an important defect to consider a direct skin closure without flap reconstruction.We present a case of a 75-year-old patient diagnosed with squamous cells carcinoma of the vulva localized in the left labium minus, the prepuce of the clitoris, the right labium minus, in contact with urethra and vagina without invasion requiring anterior vulvectomy with bilateral sentinel node.

Methodology Vulvar reconstruction was performed using a perforator-based island pedicle flap, the Singapore flap also called internal pudendal perforator flap, to recreate internal face of labia majora, vestibule and fill the space of the labia minora.At the same time, we performed clitoral reconstruction using Foldès Technique, described to restore the clitoral anatomy in patients who undergone genital mutilation.

Results Post-operative care consisted in 3 days wound drainage and bladder catheterization for 10 days. Patient was discharged at 7th postoperative day without major complication.

Conclusion Bilateral Singapore island perforator flap is a reliable flap who maintain vulvar cosmesis with minimal donor site-mobidity.

2022-VA-742-ESGO BRACHYTHERAPY FOR INOPERABLE VULVAR CANCER: IMPLANT TECHNIQUE

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10.1136/ijgc-2022-ESGO.929

Introduction/Background The standard treatment for locally advanced vulvar cancer is neodjuvant chemoradiation followed by evaluation for surgery. However a vast majority of patients are yet unable to undergo surgery due to proximity of the tumour to eloquent structures as urethra, post forchette, distal vagina or anal sphincter muscles

Methodology In our institution, patients with locally advanced vulva cancer are evaluated by examination under anaesthesia for disease mapping prior to initiating chemoradiation. PETCT and/or MRI is performed for staging and colposcopy is performed to exclude simultaneous malignancy in cervix. After chemoradiation a joint examination under anaesthesia is performed by the surgical and radiation oncology team and when patients are deemed surgically resectable interstitial