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.

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.

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 cosmos with minimal donor site-mobidity.

Methodology In our institution, patients with locally advanced vulvar cancer is neodjuvant chemoradiation followed by evaluation for surgery. However a vast majority of patients are yet able to undergo surgery due to proximity of the tumour to eloquent structures as urethra, post forchette, distal vagina or anal sphincter muscles.

Methodology 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.
CUTANEOUS VULVAR METASTASIS AFTER COMBINED TREATMENT OF CERVICAL CANCER-CASE REPORT

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Introduction/Background Invasive adenosquamous carcinoma of the cervix has an incidence of only 4% of all epithelial cervical tumors. Additionally to the local invasion, this type of cancer is characterized by the appearance of distant metastases in the lungs, bones and liver, while cutaneous metastases are extremely rare.

Methodology We present a rare case of cutaneous vulvar metastasis originating from adenosquamous cervical cancer after combined treatment. Nine months after the operation, due to observed vulvar lesions, a clinical examination and imaging diagnostic procedures were performed. After the removal of the vulvar lesions, a histopathology report describes them as poorly differentiated adenosquamous carcinoma with identical morphological characteristics as the primary neoplasm of the cervix.

Results Cutaneous metastasis from carcinoma of the uterine cervix is very rare. The incidence of cutaneous metastases in treated cervical cancers is 0.8%, with a rare occurrence of cutaneous vulvar metastases, usually 3.5 to 6 years after surgical treatment. Therefore, this is a rare case of secondary metastatic deposit that occurs at an unusual localization for a relatively short period of time.

Conclusion Vulvar lesions in patients with previously diagnosed and treated cervical cancer need to be histologically verified in order to confirm or exclude a possible metastatic process from the primary cervical neoplasm.

MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION TECHNIQUE

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Introduction/Background Minimally invasive inguinal dissection is a novel technique promising to decrease the complications of the traditional open dissection, using standard laparoscopy instruments to perform a feasible technique with an easy learning curve and decreasing hospital stay while reducing complications. The new technique utilizes minimally invasive techniques to perform the same procedure with same oncological outcomes, but with less complications and better cosmetic results.

Methodology A step by step video was created with instructions on how to perform this procedure step by step. The video uses footage collected throughout our case series, to illustrate how to perform this procedure in a step by step manner.

Results This technique was found to decrease skin complications and hospital stay while maintaining oncological outcomes, same lymph node retrieval when compared with open procedure and drastically less complications rate.

Conclusion The new minimally invasive technique is a good alternative to the traditional open method and should be used in selected suitable patients.