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.

Abstract 2022-RA-698-ESGO Figure 1

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.
brachytherapy is performed. In each patient the brachytherapy procedure is individualised to ensure target coverage and sparing of adjacent normal structures. This video demonstrates the free hand interstitial technique of a woman with locally advanced vulvar cancer with distal vaginal, periurethral involvement. Also disease was close to posterior forchette and clitoris.

Results Free hand multilane interstitial implant was performed. After external radiation of 45 Gy/25 fractions/5 weeks additional HDR brachytherapy boost of 3.5 Gy x 4 fractions were delivered twice daily. Video demonstrates the complex implant procedure. Additionally aspects of treatment planning and implant removal will be discussed. A summary of techniques of interstitial brachytherapy will be presented. Apart from the case brachytherapy in setting of field cancerisation will also be discussed.

Conclusion Interstitial brachytherapy is a highly conformal and effective way of radiation dose escalation in patients with medically inoperable Ca Vulva. Further training of gynecology radiation oncology community is needed to improve outcomes in these cohorts of patients.

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.