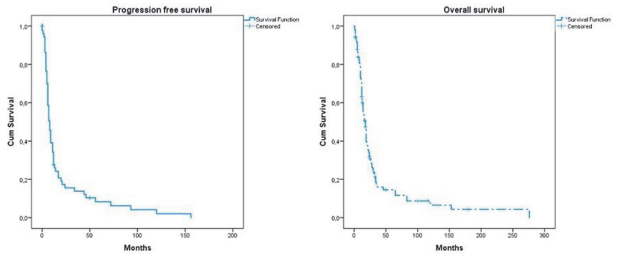
CI 22.8, 49.6). At 5 years only 7% of patients (9/107) were alive. Only 3 patients were free of disease at 5 years.



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

[1]Emily Leung, [1]Cassia Tremblay, [2]Donna Liao, [3]Longlong Huang, [3]Shaun Zheng Sun, [4]Jenny Ko. *[1]Medicine, University of British Columbia, Vancouver, BC, Canada; [2]Radiation Oncology, University of Toronto, Toronto, ON, Canada; [3]Mathematics and Statistics, University of the Fraser Valley, Abbotsford, BC, Canada; [4]Medical Oncology, Abbotsford Regional Hospital and Cancer Centre, Abbotsford, BC, Canada*

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

[1]Anne-Sophie Navarro, [2]Thomas Meresse, [1]Martina Aida Angeles, [1]Hélène Leray, [1]Gwénaël Ferron, [1]Alejandra Martinez. *[1]Surgical Oncology, IUCT-Oncopole, Toulouse, France; [2]Plastic and reconstructive surgery, IUCT-Oncopole, Toulouse, France*

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

Supriya Chopra. *Radiation Oncology, ACTREC, Tata Memorial Centre, Navi Mumbai, India*

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

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 women 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.

2022-RA-766-ESGO CUTANEOUS VULVAR METASTASIS AFTER COMBINED TREATMENT OF CERVICAL CANCER-CASE REPORT

[1]Igor Aluloski, [1]Mile Tanturovski, [1]Saso Stojcevski, [2]Igor Samardziski, [3]Slavica Kostadinova-Kunovska, [3]Rubens Jovanovic, [4]Dubravka Koloska. *[1]Operative Gynecologic Oncology, University Clinic for Obstetrics and Gynecology-Skopje, Skopje, Macedonia, The Former Yugoslav Republic of; [2]Peripartal intensive care unit, University Clinic for Obstetrics and Gynecology-Skopje, Skopje, Macedonia, The Former Yugoslav Republic of; [3]Institute of Pathology, Medical Faculty-Skopje, Skopje, Macedonia, The Former Yugoslav Republic of; [4]University Clinic for Obstetrics and Gynecology – Skopje, Skopje, Macedonia, The Former Yugoslav Republic of*

10.1136/ijgc-2022-ESGO.930

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.

2022-VA-808-ESGO MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION TECHNIQUE

Hisham Abdel Mageed. *Surgical Oncology, NCI Cairo, Cairo, Egypt*

10.1136/ijgc-2022-ESGO.931

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 lmph 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.

2022-RA-819-ESGO FEASIBILITY AND SAFETY OF REAL-TIME NEAR-INFRARED FLUORESCENCE TRACER IMAGING IN SENTINEL NODE BIOPSY FOR VULVA CANCER PATIENTS

[1]Ligita Paskeviciute Frøding, [2]Elisabeth Kristensen, [3]Jann Mortensen, [4]Tine Henrichsen Schnack. *[1]Gynecology, Copenhagen University Hospital, Copenhagen, Denmark; [2]Pathology, Copenhagen University Hospital, Copenhagen, Denmark; [3]Department of Clinical Physiology and Nuclear Medicine, Copenhagen University Hospital, Copenhagen, Denmark; [4]Odense University Hospital, Odense, Denmark*

10.1136/ijgc-2022-ESGO.932

Introduction/Background Sentinel node (SN) biopsy is a safe staging method in patients with Vulva Cancer (VC). Near-infrared fluorescence (NIRF) imaging using indocyanine green (ICG) has recently been introduced. The purpose of this study was to evaluate the feasibility and safety of NIRF imaging for SN detection in conjunction with conventional radio-guided technique.

Methodology Patients with primary VC, unifocal tumor < 4 cm with no suspicious nodes were included in this prospective observational single-center study. Bimodal tracer (ICG-99mTc-Nanocoll) was injected peritumorally and followed by lymphoscintigraphy. Intraoperatively SNs were detected with a hand-held gamma-probe and NIRF camera. The primary outcome was SN detection rate per groin and per patient. Patients were followed from date of inclusion to Jan 26th2022.

Results SN procedure was performed in 100 patients (36 uni- and 64 bilaterally) with primary vulvacancer, corresponding to 164 groins. The overall SN detection rate per patient was 97%. In 36 patients with lateralized tumor the SN detection rate perioperatively was 97.2%. In 64 patients with midline tumors the bilateral detection rate perioperatively was 81.3%,