TREATMENT PATTERNS & OUTCOMES OF BRACHYTHERAPY FOR INOPERABLE VULVAR AND CLITORAL RECONSTRUCTION

Methodology

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.

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 strategies with concurrent chemotherapy vs <5 weeks of treatment. This effect on 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.

Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.929 on 20 October 2022. Downloaded from http://ijgc.bmj.com/ on December 28, 2022 by guest. Protected by copyright.

Abstracts

TREATMENT PATTERNS & OUTCOMES OF PATIENTS WITH LOCALLY ADVANCED VULVAR OR VAGINAL CANCER IN BRITISH COLUMBIA

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 a conservative RT, surgical and radiation oncology team and when patients are deemed surgically resectable interstitial vulvar and clitoral reconstruction using bilateral Singapore island perforator flap after anterior vulvectomy

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-mobility.

BRACHYTHERAPY FOR INOPERABLE VULVAR CANCER: IMPLANT TECHNIQUE

Introduction/Background The standard treatment for locally advanced vulvar cancer is neoadjuvant 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 vulvar cancer.
Cutaneous vulvar metastasis from carcinoma of the uterine cervix is a rare case of cutaneous vulvar metastasis. Invasive adenosquamous carcinoma of the 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 primary neoplasm of the cervix.

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

Minimally invasive inguinal lymph node dissection technique

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

Introduction/Background Minimally invasive inguinal dissection is a novel technique promising to decrease the complications of the traditional open dissection, using standard laparoscopic 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 feasibility and safety of real-time near-infrared fluorescence tracer imaging in sentinel node biopsy for vulva cancer patients

Ligita Paskevičiūtė Fording, Elisabeth Kristensen, Jann Mortensen, Tine Henriksen Schnack. Gynecology, Copenhagen University Hospital, Copenhagen, Denmark; Pathology, Copenhagen University Hospital, Copenhagen, Denmark; Department of Clinical Physiology and Nuclear Medicine, Copenhagen University Hospital, Copenhagen, Denmark; Odense University Hospital, Odense, Denmark

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 26th 2022.

Results SN procedure was performed in 100 patients (36 unilaterally and 64 bilaterally) with primary vulvocancer, 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%,