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.

**Abstracts**

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


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-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 Fanding, 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 unilaterally and 64 bilaterally) with primary vulvavancer, 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%,