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

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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.

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

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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

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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%,

and the overall detection rate was 96.9%. Twenty-one patients had SN metastases (stage III A-C) while 79 patients were node negative (stage IB). Median follow up was 20.4 month (range 2–47.8). 73% of patients had more than one and 41% of patients had more than two years follow-up. During follow-up 10 patients developed recurrence (in vulva (n=4), groin (n=1), vulva and groin (n=4) and distant metastases (n=1)). The isolated groin recurrences occurred in one patient with bilaterally SN-negative groins. The two years disease free survival and overall survival was 93.0% and 95.2%., respectively.

Conclusion A combination of fluorescent and radioactive technique using ICG-99mTc-Nanocoll for detection of SN is feasible and a safe treatment option for patients with clinically low stage vulvacancer.

2022-RA-824-ESGO HUMAN PAPILLOMAVIRUS IN VULVAR CARCINOMA PATIENTS IN NORWAY: ITS PROGNOSTIC ROLE AND CHANGES IN PREVALENCE AND GENOTYPE DISTRIBUTION IN TWO TIME PERIODS, 1970–75 AND 2000–05

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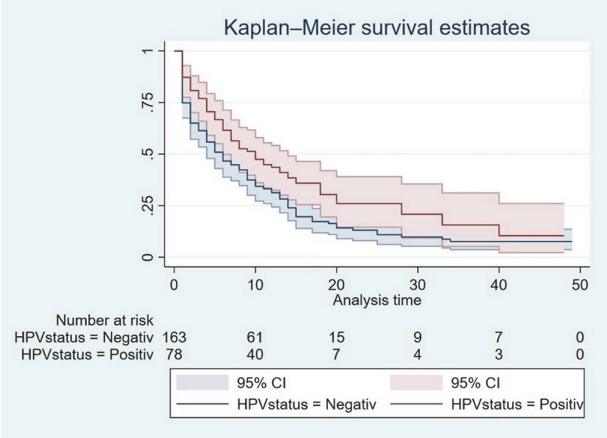
10.1136/ijgc-2022-ESGO.933

Introduction/Background Approximately 25–43% of vulvar squamous cell carcinomas (VSCC) are associated with human papillomavirus (HPV). They occur in younger women, are often of warty and basaloid histology and show a better prognosis than non-HPV cancers. The predominant genotypes are HPV 16, 33 and 18. VSCC incidence rates among women younger than 50–60 years are on the rise, partly explained by increasing exposure to HPV. However, studies on HPV-prevalence in VSCC over time are lacking. Thus, our aim was to compare HPV-prevalence and genotype distribution in Norwegian VSCC cases from 1970–75 and 2000–05 and investigate a possible prognostic role of HPV-infection.

Methodology All cases of VSCC from 1970–75 (N=153) and 2000–05 (N=199) were extracted from the Cancer Registry of Norway (N=352). Formalin-fixed, paraffin-embedded tissue blocks were retrieved and DNA was extracted. For 282 cases, HPV-DNA analysis was successfully performed. All samples were tested for 19 different genotypes, using real-time TaqMan PCR. Overall survival rates were calculated using the Kaplan Meier method. Multivariable Cox regression analysis was performed to estimate hazard ratios adjusted for age at diagnosis, FIGO stage and diagnostic period.

Results The percentage of HPV-positive cases increased significantly from 23.8% in 1970–75 to 35.3% in 2000–05 (p=0.037). The predominant genotypes detected were HPV 16 (73%), 33 (21%) and 18 (6%) in both periods. HPV-status was an independent prognostic factor with HPV-positive tumours being associated with a better prognosis, HR=0.65, 95%CI [0.48; 0.86], p=0.003. However, when adjusted for age at diagnosis, FIGO stage and diagnostic period, only higher FIGO stage remained significantly associated with higher mortality.



Abstract 2022-RA-824-ESGO Figure 1

Conclusion The percentage of HPV-positive VSCCs has increased from 1970–75 until 2000–05. The predominant genotypes are HPV 16, 33 and 18 and have not changed during the last decades. HPV-positive tumours were associated with better survival.

2022-RA-868-ESGO RISK FOR CONTRALATERAL NON SENTINEL METASTASES IN PATIENTS WITH A UNILATERAL POSITIVE SENTINEL LYMPH NODE IN PRIMARY VULVAR CANCER- A SUBGROUP ANALYSIS OF THE AGO-VOP.2 QS VULVA STUDY

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10.1136/ijgc-2022-ESGO.934

Introduction/Background The need for contralateral full groin dissection after bilateral sentinelnode biopsy (SNB) with only unilateral detection of a macrometastasis is unclear. Bilateral inguino-femoral lymphadenectomy (if- LAE) is recommended by German guidelines to avoid groin recurrences which are associated with high morbidity. Few unicenter, retrospective