

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.

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### 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

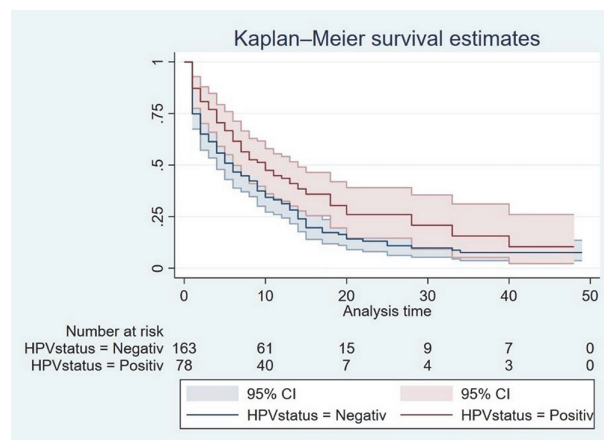
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**Introduction/Background** Approximately 25–43% of vulvar squamous cell carcinomas (VSCC) are associated with human papillomavirus (HPV). They occur in younger women, are often of warty and basaloid histology and show a better prognosis than non-HPV 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 Taq-Man 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.

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### 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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**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