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DOES THE CHANGE IN FIGO-2021-PROPOSED METHOD FOR THE MEASUREMENT OF STROMAL INVASION DEPTH LEAD TO DOWNSTAGING IN VULVAR CANCER?

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Introduction/Background A stromal invasion depth is a basic prognostic parameter in vulvar carcinoma as it is used to determine IA and IB substages, that have different management. A standard technique to measure the depth of invasion is described in the 8th ed. of TNM Classification of Malignant Tumours, and defined as the distance from the adjacent most superficial dermal papilla to the deepest point of invasion. As an alternative technique in FIGO (2021) staging, it was proposed to measure the depth not from a dermal papilla, but from the deepest, adjacent rete ridge (or nearest dysplastic rete peg). The purpose of this study is to compare both techniques and to assess the likelihood of re-staging after applying the alternative method proposed by FIGO.

Methodology A total of 20 cases of stage I vulvar cancer were included in the study. All patients underwent surgical treatment in 2020–2021 at NN Alexandrov National Cancer Centre of Belarus. A retrospective assessment of stromal invasion using both methods was performed by a single pathologist specialized in gynecological oncology. Analysis of the normality of data distribution was carried out on the basis of the Shapiro-Wilk's W test. The Mann-Whitney U-test was used to compare two independent samples. The Bland-Altman analysis was used to compare the two measurement methods.

Results The depth of tumor invasion by the standard and alternative methods was 2.8 (0.95; 9.5) and 2.45 (0.3; 8.95) mm respectively ($p < 0.05$). However, despite significant differences, restaging occurred in only one case (IB to IA – 2.0 mm to 0.9 mm), which corresponds to 5% probability.

Conclusion The study revealed significant differences in the measurement using standard and alternative methods, which with a probability of 5%, can lead to tumor downstaging. Prospective randomized trials with a large number of patients and survival analyzes are needed.

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PATIENT-REPORTED MOBILITY AND BICYCLE USE AFTER VULVAR CANCER SURGERY

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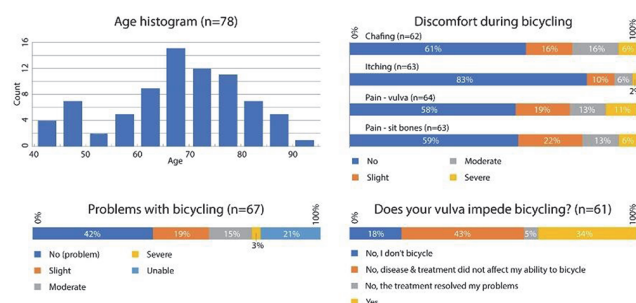
Introduction/Background Cycling is an integral part of Dutch life. It facilitates nearly a quarter of all journeys. Around the world, bicycle use is increasing, as it provides a quick urban traffic solution, with ecological, social, economic and health benefits. Bicycle use may be impeded by vulvar cancer and its

surgical treatment, when saddle-use becomes uncomfortable or painful. This can lead to a relevant loss in mobility, self-reliance, and quality of life (QoL) of patients.

Methodology Patients who underwent vulvectomy at the Erasmus MC between 2018–2021 were retrospectively asked to complete a problem-specific questionnaire to assess loss in mobility and perceived problems during bicycle use, and the EQ-5D-5L questionnaire to estimate QoL.

Results In total, 78 patients (58%) filled in the questionnaires. The age of respondents was 68 ± 12 years (mean \pm standard deviation). Of respondents, 58% reported problems with cycling, 34% felt impeded to cycle because of their vulva, and 56% wished to be able to make more or longer cycling journeys. Chafing, pain in the vulva or sit-bones were the most frequent complaints (figure 1). The results from the EQ-5D-5L showed a similar QoL in the test group, 0.844 ± 0.213 , compared with the reference value for Dutch women, 0.858 ± 0.168 .

Mobility and bicycle use of vulvar cancer patients



Abstract 2022-RA-912-ESGO Figure 1

Conclusion This study shows that physical complaints that can impede cycling mobility are experienced frequently by women after vulvar cancer surgery. This motivates further investigation into ways to alleviate these complaints to help women improve their mobility, physical activity, and self-reliance.

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THE EARLY DETECTION OF VULVAL CANCER THROUGH SELF-EXAMINATION (EDUCATE) STUDY: WHAT WOMEN AND CLINICIANS THINK

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Introduction/Background Rates of vulval cancer are increasing globally. Early detection reduces surgical morbidity and prolongs survival. Although population screening has no role, vulval self-examination may prompt early diagnosis in women at increased risk of vulval cancer. UK guidance promotes self-examination in women with high-risk conditions, but there is