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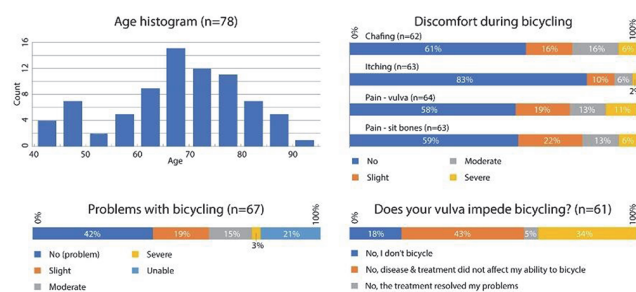
Introduction/Background Cycling is an integral part of Dutch life. It facilitates nearly a quarter of all journeys. Around the world, bicycle use is increasing, as it provides a quick urban traffic solution, with ecological, social, economic and health benefits. Bicycle use may be impeded by vulvar cancer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

a lack of evidence about current practice, acceptability and barriers to self-examination.

Methodology Clinician questionnaires were completed at a British vulval conference. Patient questionnaires were distributed through online patient networks and clinics. Patient and clinician focus groups recruited through purposive sampling analysed thematically explored barriers and facilitators of self-examination (n=28).

Results All ninety-eight clinicians agreed that self-examination plays an important role in detecting sinister vulval changes in high-risk women. 87% recommended monthly self-examination and 81% provided one-to-one teaching.

455 patients (median age 58 years) with lichen sclerosis (69%), lichen planus (13%), vulval cancer (14%) and VIN (13%) participated. Clinic respondents (n=197) were older (median 65 years vs 52 years, $p < 0.001$) and 65% reported self-examining compared with 86% of online respondents ($p < 0.001$). Despite regular self-examination, 40% were not confident about recognising vulval abnormalities. Face-to-face specialist teaching was regarded as the best way to learn self-examination; only 9% reporting receiving this.

Themes from focus groups were developed based on experience of vulval self-examination: facilitators (patients' confidence and familiarity with their bodies, individualised teaching by clinicians, contributing to empowerment of self-management and allowing early detection of sinister changes), barriers: (poor health-care experiences, lack of awareness amongst patients, lack of confidence in self-examination and identifying abnormalities, embarrassment, distress at changing vulval anatomy, physical barriers to visualising the vulva).

Conclusion Patients and specialist vulval clinicians recognise that vulval self-examination is important in early detection of vulval cancer, but a lack of formal teaching impairs confidence in the identification of abnormalities. Healthcare professional education and support may facilitate patients to self-examine and manage their long-term vulval conditions.

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MINIMALLY INVASIVE INGUINAL LYMPH NODE DISSECTION – EGYPTIAN EXPERIENCE

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Introduction/Background Inguinal lymph node dissection is an integral part of many surgical oncological procedures. It comes with a high complication rate especially skin complications. In the last decade a new technique was introduced to address inguinal nodes without any incision in the inguinal region.

Methodology The objective of this series was to examine the safety and feasibility of this new technique and to compare results with the traditional open technique. The aim was to compare efficiency and oncological outcomes.

Results 27 cases were performed since 2014. Similar number of retrieved nodes decrease of hospital stay to 2 days 5 conversions in the early cases decrease of operative time from 3.5 hours in first case to mean time of 2 hours and fastest case in 45 minutes marked decrease in skin complications

Conclusion Minimally invasive inguinal dissection is easy to learn and yields same oncological outcomes while decreasing complications

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SURGICAL MANAGEMENT OF EARLY-STAGE MELANOMA OF THE FEMALE LOWER GENITAL TRACT: A CASE SERIES

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Introduction/Background Vulvar malignant melanoma (VMM) is the second most common subtype of vulvar cancer, accounting for 5–10% of all vulvar cancers. Melanoma of the vagina is very rare, and accounts for less than 3% of all vaginal malignancies. The prognosis is still very poor, although some advances have been achieved in the last years. One of the most significant changes in the management of melanoma of the female lower genital tract has been the development of less invasive surgical techniques that diminish the risk of post-operative morbidity and long-lasting sequelae.

Methodology We review the surgical management of the pathology, based on the comment of three cases with vulvar melanoma and one case of vaginal melanoma treated at our institution.

Results The diagnosis was reached by biopsy. All four patients had a diagnosis of early-stage mucosal melanoma. Wide local excision with adequate margins was performed, without requiring adjuvant treatment. At the same operative time, functional reconstructive surgery was performed for all four patients.

Conclusion Genital melanomas are rare but aggressive tumors. The diagnosis is usually made by biopsy. The revised AJCC staging system is used to diagnose vulvar melanoma. Wide local excision with adequate margins is the main treatment for early-stage primary VMM and vaginal melanoma. Radiation therapy can be helpful as an adjunctive therapy. Given that they are an infrequent tumor and their treatment is complex, management of these cases should be carried out by a multi-disciplinary team.

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VULVAR LYMPHANGIOMA ASSOCIATED WITH SQUAMOUS CELL CARCINOMA

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Introduction/Background Lymphangioma is a benign lymphatic malformation defined by a dilatation of the lymphatic vessels. The vulvar location is very rare, yet this benign skin lesion causes an obvious impairment of quality of life. The cause is still not well known, it can be congenital or secondary to a trauma of the lymphatic vessels. The association with a vulvar malignancy has never been reported in the literature. We report in this article the case of an extensive vulvar lymphangioma circumscriptum associated with a squamous cell carcinoma of the greater lip.

Methodology A 60-year-old female patient with a history of diabetes and total hysterectomy for uterine myomas consulted for the appearance of an extensive vesicular lesion of the right labia associated with a suspicious 1.5 cm lesion of the right labia.