2022-RA-1131-ESGO HUMAN PAPILLOMAVIRUS GENOTYPE AND PROGNOSTIC FACTORS OF VAGINAL CANCER

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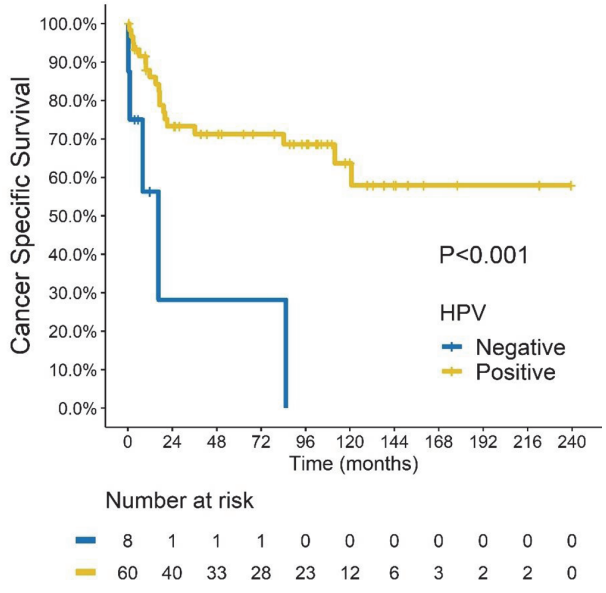
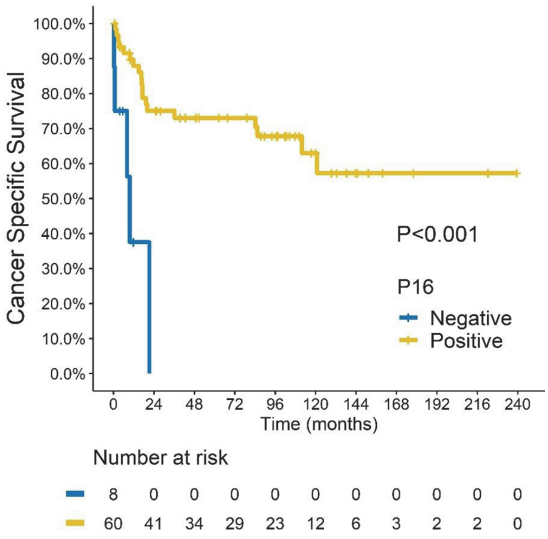
Introduction/Background The natural history of invasive vaginal cancer has been minimally investigated. We aimed to investigate HPV distribution and prognostic factors in vaginal cancer (VC).

Methodology We retrospectively reviewed medical records of patients with VC who received primary treatment between 1989 and 2020. General polymerase chain reaction (PCR) SPF1/GP6+ followed by revert-blot detection was performed for human papillomavirus (HPV) genotyping. E6 type-specific PCR of the top-5 prevalent types was performed to reconfirm HPV-negative status. P16INK4a immunohistochemistry staining was performed. Univariate and multivariate analyses were performed to identify predictors of clinical outcomes.



Abstract 2022-RA-1131-ESGO Figure 1

Results A total of 73 vaginal carcinoma patients eligible for analysis. Medial follow-up time was 88.6 months (range 0.56–239.5 months). 66 patients (90.4%) were diagnosed as squamous cell carcinoma (SCC) and 7 (9.6%) as non-SCC. HPV DNA sequences were detected in 88.7% of SCC specimens, and 83.3% of non-SCC VC (P = 0.543). The leading types were HPV16 (51.7%), HPV52 (13.3%) and HPV58 (11.7%). HPV-positivity was associated with better 5-year cancer-specific survival (CSS) (70.8% vs 35.7%, P = 0.005). Because there was strong correlation between p16-positivity and HPV-positivity (P <0.001), they were alternatively entered in multivariate analysis. In both models, pelvic lymph node (PLN) metastasis (HR 4.72, 95%confidence interval [CI] 1.505–14.804, P = 0.008 or 6.35, 95%CI 1.871–21.564, P = 0.003) was a significant adverse predictor of CSS, while p16 (HR 0.049, 95% CI 0.01- 0.229, P <0.001) or HPV-positivity (HR 0.129, 95%CI 0.036–0.466, P = 0.002) was related to better prognosis. International Federation of Gynaecology and Obstetrics stage (III/IV vs I/II) was significant in univariate analysis, but was not significant in either model.



Abstract 2022-RA-1131-ESGO Figure 2

Conclusion PLN metastasis was a significant adverse predictor, while p16-positivity or HPV-positivity (alternatively) was a significant factor of better prognosis.

2022-VA-1138-ESGO LAPAROSCOPIC ANTERIOR RESECTION WITH TOTAL VAGINECTOMY

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Introduction/Background This is a video demonstration of laparoscopic anterior exenteration with total vaginectomy for vaginal squamous cell cancer in a young female.

Methodology Techniques of dissection and surgical demonstration of anterior exenteration with total vaginectomy

Results Video demonstrated in the given format

Conclusion laparoscopic anterior exenteration with total vaginectomy is an acceptable surgical procedure with minimal morbidity for the management of locally advanced vaginal cancer.

2022-VA-1152-ESGO SIGMOID NEOVAGINA AND DOUBLE V-Y FLAP RECONSTRUCTION AFTER A TOTAL PELVIC INFRALEVATOR EXENTERATION

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