**Introduction/Background** Pelvic reconstruction after pelvic exenteration is a challenge for gynecologic oncology surgeons. In this vulvar relapse case, a huge defect was left in the perineum after the exenteration. We decided to do a double V-Y flap in order to fill all the defect and a sigmoid neovagina for the sexual reconstruction and to avoid an empty pelvis syndrome.

**Methodology** Video edited.

**Conclusion**

_Results_ The median age of patients was 73 (range 84–60) years. Mean operative time 212.5 minutes. The overall detection rate of SLN mapping was 100%. No post-operative short or long-term complications related to the procedure were observed.

**Conclusion** Real-time NIR technology supported by the IMAGE1 S by Storz is a reliable system and represents a consolidated method for SLN mapping in selected cases with vulvar cancer.

In our study we confirmed the feasibility of Hand-Assisted Laparoscopy during an open procedure to detect groin SLN with ICG in vulvar cancer. This approach can be used in combination with Tc99(m)-nanocolloid, increasing the detection rate or it can be an appropriate option to detect SLN in those countries where Tc99(m)-nanocolloid is not available or cannot be practiced.

The use of laparoscopic camera for ICG SLN mapping seems to be accessible and inexpensive. Further studies are needed to evaluate the accuracy and oncological outcomes.

_**Abstract** 2022-RA-1155-ESGO_ 

**FEASIBILITY OF HAND ASSISTED LAPAROSCOPIC SENTINEL NODE BIOPSY IN VULVAR CANCER USING COMBINED RADIOACTIVE AND FLUORESCENCE GUIDANCE**

Giuseppina Fais, Alfonso Altieri, Giulia Carboni, Giuseppe Deo, Maria Luisa Fais, Andrea Ungredda, Valerio Mais, Stefano Angioni, Michele Peiretti. Department of Surgical Sciences, Division of Gynecology and Obstetrics, University of Cagliari, Italy

Methodology Retrospective study. Between 2016 and 2022, 9 women with diagnosis of vulvar cancer underwent radical vulvectomy and inguinofemoral lymphadenectomy; in 2 (22%) selected cases we performed ICG SLN mapping using the IMAGE1 laparoscopic camera combining with Tc99(m)-nanocolloid during open surgery.

_Results_ The median age of patients was 73 (range 84–60) years. Mean operative time 212.5 minutes. The overall detection rate of SLN mapping was 100%. No post-operative short or long-term complications related to the procedure were observed.

**Conclusion** Real-time NIR technology supported by the IMAGE1 S by Storz is a reliable system and represents a consolidated method for SLN mapping in selected cases with vulvar cancer.

In our study we confirmed the feasibility of Hand-Assisted Laparoscopy during an open procedure to detect groin SLN with ICG in vulvar cancer. This approach can be used in combination with Tc99(m)-nanocolloid, increasing the detection rate or it can be an appropriate option to detect SLN in those countries where Tc99(m)-nanocolloid is not available or cannot be practiced.

The use of laparoscopic camera for ICG SLN mapping seems to be accessible and inexpensive. Further studies are needed to evaluate the accuracy and oncological outcomes.

_**Abstract** 2022-RA-1162-ESGO_ 

**PROACTIVE MANAGEMENT IN VULVAR RADIOTHERAPY FACILITATES TREATMENT COMPLETION**

Inbal Golomb, Eliya Shachar, Dorin Berman, Adi Davidovitch, Yasmin Korzetz, Yasmin Natan Oz, Tatiana Robin, Radiation Oncology, Tel Aviv Medical Center, Tel Aviv, Israel; Medical Oncology, Tel Aviv Medical Center, Tel Aviv, Israel

Methodology We retrospectively analyzed medical charts of patients who underwent radiotherapy for vulvar carcinoma from October 2018-December 2021.

_Results_ Among 17 patients treated at our institution, 8 received definitive therapy, 8 adjuvant treatment, and 1 palliative radiation. Radiation doses ranged from 36–66Gy. Seven patients were treated with an electron boost, 2 with a brachytherapy boost. The most common side effects included local pain, requiring analgesics and cannabis among 12 women and skin burns in 15 women, 5 had grade III burns, of which one required hyperbaric oxygenation.

In an effort to facilitate treatment completion, a proactive approach was employed, including instruction and guidance regarding the treatment process prior to initiation. Close monitoring entailing weekly physician visits, and with the onset of adverse events, more intense 2-3 assessments per week were instituted, focusing on pain alleviation. In an effort to ease the emotional burden and anxiety, patients were supported by a social worker and psychologist. Treatment breaks were initiated by physician prior to severe burn development in order to prevent longer breaks or cessation of radiotherapy. Eleven patients had physician-initiated breaks, with an average duration of 4.3 days. Four women had breaks over 1 week (median 9.5 days), all in the definitive treatment setting. All patients completed the treatment regimen. With an average 

**Conclusion** Real-time NIR technology supported by the IMAGE1 S by Storz is a reliable system and represents a consolidated method for SLN mapping in selected cases with vulvar cancer.

In our study we confirmed the feasibility of Hand-Assisted Laparoscopy during an open procedure to detect groin SLN with ICG in vulvar cancer. This approach can be used in combination with Tc99(m)-nanocolloid, increasing the detection rate or it can be an appropriate option to detect SLN in those countries where Tc99(m)-nanocolloid is not available or cannot be practiced.

The use of laparoscopic camera for ICG SLN mapping seems to be accessible and inexpensive. Further studies are needed to evaluate the accuracy and oncological outcomes.

_**Abstract** 2022-RA-1162-ESGO_ 

**PROACTIVE MANAGEMENT IN VULVAR RADIOTHERAPY FACILITATES TREATMENT COMPLETION**

Inbal Golomb, Eliya Shachar, Dorin Berman, Adi Davidovitch, Yasmin Korzetz, Yasmin Natan Oz, Tatiana Robin, Radiation Oncology, Tel Aviv Medical Center, Tel Aviv, Israel; Medical Oncology, Tel Aviv Medical Center, Tel Aviv, Israel

Methodology We retrospectively analyzed medical charts of patients who underwent radiotherapy for vulvar carcinoma from October 2018-December 2021.

_Results_ Among 17 patients treated at our institution, 8 received definitive therapy, 8 adjuvant treatment, and 1 palliative radiation. Radiation doses ranged from 36–66Gy. Seven patients were treated with an electron boost, 2 with a brachytherapy boost. The most common side effects included local pain, requiring analgesics and cannabis among 12 women and skin burns in 15 women, 5 had grade III burns, of which one required hyperbaric oxygenation.

In an effort to facilitate treatment completion, a proactive approach was employed, including instruction and guidance regarding the treatment process prior to initiation. Close monitoring entailing weekly physician visits, and with the onset of adverse events, more intense 2-3 assessments per week were instituted, focusing on pain alleviation. In an effort to ease the emotional burden and anxiety, patients were supported by a social worker and psychologist. Treatment breaks were initiated by physician prior to severe burn development in order to prevent longer breaks or cessation of radiotherapy. Eleven patients had physician-initiated breaks, with an average duration of 4.3 days. Four women had breaks over 1 week (median 9.5 days), all in the definitive treatment setting. All patients completed the treatment regimen. With an average
follow-up of 13.5 months, half of the patients had no evidence of disease.

Conclusion Our institutional experience comprising intensive clinical and emotional management of vulvar carcinoma radiotherapy provides a proactive approach involving frequent assessment, initiated breaks and emotional support, all facilitating improvement in historically low treatment compliance.

Methodology We conducted a retrospective observational study of patients with vulvar cancer, who underwent IFSLNB following radiotracer injection around a tumour or around a scar following previous vulvar excision. IFSLN detection rates are described per patient and per groin and are compared using chi-square analysis. We performed a Cox regression analysis to assess the association of recurrence and survival with vulvar injection site and recognized pathological variables.

Results Data was analyzed for 173 groins in 97 patients. At least one IFSLNB was detected in 94% of groins examined, and IFSLN detection rate did not differ whether the groin was assessed following tumour injection (n=122, 94%) or scar injection (n=40, 93%; p=0.85). Patients in the scar injection group had less frequent IFLN metastases (p=0.019), smaller tumours (p<0.001) and more superficial invasion (p=0.02). Median overall follow-up from surgery to death or censoring was 34.7 (range 0–108) months. Cox regression analysis demonstrated that scar injection was not an independent predictor of recurrence or death, and depth of invasion was the only independent predictor of disease recurrence (HR 1.14, p=0.029).

Conclusion Our observations support the feasibility and safety of scar injection as an alternative to full lymphadenectomy and should be validated in a prospective study with a more robust sample size.