study series, supporting the clinician to integrate output analysis (Morphonode-SP).

Conclusion Our findings indicate that Morphonode Predictive Model is a simple and observer-independent tool. It could be easily integrated in the clinical routine for preoperative stratification of vulvar cancer patients.
clinical interventions would likely improve peri-operative outcomes. Aim of the study was to identify and quantify morbidity and mortality associated with VC surgeries. These data would be taken forward, after implementation of the care bundle, as baseline for comparison as to the efficacy of the intervention. Literature and guidelines review will be undertaken to assist with the construction of the care bundle.

Methodology Patients who underwent curative surgery for VC from 2017–2018 at Belfort City Hospital were selected. Patients were followed up for 3 years postoperatively.

Results 43 patients underwent major VC surgery. Data were available for 27 patients. Average age was 67.2 years. Mean body mass index 28.2 kg/m². All patients had squamous cell carcinoma except one with melanoma. All were stage 1a–II. All patients received pre-operative prophylactic antibiotics. 37% received post-operative antibiotics for 3–15 days. All vulvar wounds were closed using 2.0 vicryland 3.0 monocryl except one patient had clips. Groin wounds were closed using clips in 50% of the cases. Sentinel lymph node was used in 25.9%. Regarding drains, 62.4% had drain which were removed within 7 days. Urinary catheter was removed within 7.3 days. Laxatives were used in 29.6% postoperatively. Mean hospital stay was 12.1 days. Rate of readmission 14.8%, wound dehiscence 11.1%, hematoma 3.7%, infected lymphocyte 11.1% and cellulitis 22.2%. VC recurrence was 11.1% and death within the follow-up period was 22.2%. None related to surgery.

Conclusion Major VC surgeries are associated with high morbidity. Variety of strategies employed by clinicians regarding antibiotic therapy, wound closure, drains, urinary catheter and laxatives. Evidence-based, team agreed selection of uniform interventions as ‘care bundle’ would potentially lead to standardization of care and improvement in morbidity. We will present summary of evidence pertaining to creation of such a bundle and present our initial prospective results following its implementation.

Abstract 2022-RA-1458-ESGO Figure 1

Introduction/Background In this digital age, it is remarkable that the size of vulvar tumors is still measured with a ruler. Surface area can be estimated with an ellipse model (π*r²). These estimates have been used to assess the effectiveness of systemic treatments in reducing tumor size. Effects were considered relevant if tumor sizes decreased with ≥20%. However, measurement errors interfere with these results. The aim of this study is to compare the accuracy and precision of surface area measurements with rulers and digital tools, obtained from the field of wound treatment.

Methodology A silicone phantom of the vulva was created (Figure 1A), including four tumors with known surface area (A₀). Two small tumors had an ellipse shape, and two large tumors had a more complex shape. Surface area (A) was measured with a ruler using the ellipse model, the imitoMeasure app, the imitoMeasure app with standardized angle (orthogonal) and distance to tissue (1.5 cm), the eKare system, and a 3D scan processed in Meshlab. The software of eKare automatically delineated tumors, while the other methods used user-indicated boundaries. Each method was tested 24 times on both tumor shapes.

Results Relative errors were computed as (A-A₀)/A₀, and are shown in Figure 1B. The eKare system was most accurate.