

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.

2022-RA-1300-ESGO MULTICENTER EXPERIENCE ON SENTINEL NODE MAPPING IN VULVAR MELANOMA EVALUATION OF CLINICAL IMPACT

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Introduction/Background Melanoma of the vulva is a rare disease, often burdened by a poor prognosis. It is essential to define the optimal treatment in early stage disease. This multicenter retrospective study investigates the role of preoperative lymphoscintigraphy and sentinel node biopsy (SNB) and the impact of SNB on loco-regional control and survival in vulvar melanoma patients with clinically negative nodes (cN0).

Methodology All women treated between July 2013 and March 2021 were evaluated. Inclusion criteria consisted in: (i) histologically proven vulvar invasive melanoma, (ii) a Breslow tumor thickness of 1–4 mm and (iii) cN0 at preoperative evaluation. Patients selected underwent a preoperative lymphoscintigraphy followed by SNB with or without inguinofemoral lymphadenectomy. DFS and OS were assessed by the Kaplan-Meier method.

Results Eighteen women were included for a total of 28 groins studied. Planar images showed 51 sentinel nodes (SNs) in the enrolled inguinal regions. SNs were identified in all cases. Metastatic SNs were found in 5 patients (27,7%) for a total of 8 metastatic nodes in 7 groins (25%). Recurrent disease was diagnosed in 10 (55,5%) patients at 3 to 30 months: 7 were SN-negative, among which no specific groin recurrence was observed; 3 were SN-positive, among which 2 patients died of disease after 26.2 and 33.8 months, respectively. The overall mortality rate was 0% for SN negative and 40% in SN positive patients. OS and DFS at 36 months were 62.5% and 19.2%, respectively. The median DFS was 18.0 months (95% CI, 10.3–30.0).

Conclusion Lymphoscintigraphy followed by sentinel lymph node biopsy in patients with vulvar melanoma is feasible and allows adequate assessment of the stage of disease. Negative SNB is associated with low risk of groin relapse and good survival rate. Further prospective multicenter studies are needed to evaluate the criteria for clinical application.

2022-RA-1303-ESGO ANALYSIS OF HOSPITALIZATION OF PATIENTS WITH MALIGNANT VULVAR DISEASES OPERATED BETWEEN 02.2020 AND 04. 2022 IN THE DEPARTMENT OF ONCOLOGICAL GYNECOLOGY OF THE CENTRE OF ONCOLOGY, OPOLE, POLAND

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Introduction/Background

The objective the analysis of patients with V-Y technique vulvar reconstruction in the treatment of malignant vulvar diseases between 02.2020 and 04. 2022 in the Department of Oncological Gynecology

Methodology The surgical treatment was performed in 25 patients: 21 with squamous cell carcinoma and 4 with vulvar Paget disease. 18 women underwent complete radical vulvectomy and 7 partial radical vulvectomy (hemivulvectomy or wide tumor resection). In the group with complete radical vulvectomy 6 patients were qualified to the V-Y technique vulvar reconstruction. In 12 patients the systemic inguinal lymphadenectomy (uni- or bilateral) was performed, of which 5 was diagnosed with node metastases. In 4 patients the SLN procedure was performed, with positive results (lymph node metastases) in 2 patients. 2 patients after the simultaneous reconstruction group required secondary wound suturing in the postoperative period. In the group of patients after partial or complete radical vulvectomy without the reconstruction 6 patients needed secondary surgical intervention.

Results The average operating time without the simultaneous reconstruction was 160 min. and with the reconstruction was 205 min. The average healing time without the reconstruction was 30 days and with the reconstruction 23 days. The mean satisfaction index without the reconstruction was 6/10 and with the reconstruction 8/10.

Conclusion 1. The surgical procedures in the vulvar malignant diseases with simultaneous reconstruction are more time-consuming but more effective for the patient's quality of life than the procedures without reconstruction. 2. Secondary wound suturing in the postoperative period had no impact on the patient's final treatment assessment. 3. The number of patients treated with reconstructive procedures is an obvious limitation of this analysis, but it should be considered as a pilot study. The number of patients enrolled will be growing and more detailed meta-analysis is planned for the following years.

2022-RA-1376-ESGO INTRODUCTION OF CARE BUNDLE IN VULVAR CANCER

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Introduction/Background Surgery for vulvar cancer (VC) is associated with high morbidity. Design of 'care bundle' of

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. Literatures 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 Belfast 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 vicryl and 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.

2022-RA-1426-ESGO PRIMARY MALIGNANT MELANOMA OF THE FEMALE GENITAL TRACT ABOUT 5 CASES

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Introduction/Background Malignant melanoma is an aggressive tumor of the skin and mucous membranes that develops in melanocytes. Mucosal melanoma is an extremely rare tumor. It represents 0.03% of all cancers. Its location in the female genital mucosa represents less than 2% of all melanomas. In this case, it occurs in the vagina and vulva, more rarely in the cervix.

Methodology We report in our study five cases of primary melanoma of the female genital tract: 1 case of vulvar melanoma, 3 cases of vaginal melanoma, and 1 case of cervical melanoma. Our objective is to analyze the epidemiological, clinical, therapeutic and evolutionary factors of this pathology.

Results Our patients were aged 76 years, 75 years, 64 years, 46 years and 45 years respectively. The main reason for consultation was metrorrhagia. One of the patients consulted for the discovery of a vulvar mass. All patients benefited from a biopsy confirming the histological diagnosis of melanoma. An evaluation of tumor extension was performed in all patients, and showed metastatic lesions in 60% of cases. Only one

patient received surgical treatment which consisted of a vulvectomy with bilateral inguinal curage; while the other patients were referred for chemotherapy. One patient was lost to follow-up before treatment.

Conclusion Primary malignant melanoma of the female genital tract is an extremely rare location. The diagnosis is often initially unknown and is made at a late stage. Its management is not codified, with several therapies proposed, particularly for metastatic melanoma. Its evolution is unfavorable with frequent visceral metastases and a very short survival. The discovery of a c-Kit mutation suggests that c-Kit inhibitors, such as imatinib or sunitinib, may improve survival.

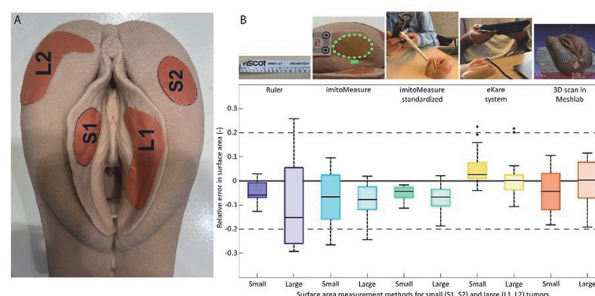
2022-RA-1458-ESGO A COMPARISON OF METHODS TO MEASURE SURFACE AREA OF VULVAR TUMORS

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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 ($\pi/4 \times \text{height} \times \text{width}$). 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 (A_0). 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 standardized, 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.



Abstract 2022-RA-1458-ESGO Figure 1

Results Relative errors were computed as $(A - A_0)/A_0$, and are shown in Figure 1B. The eKare system was most accurate