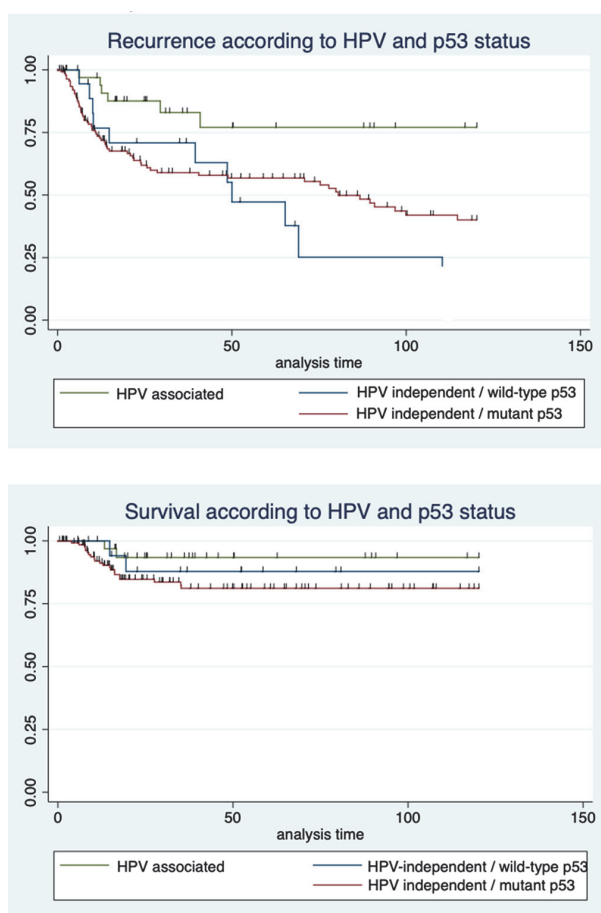


Introduction/Background The 2020 WHO classification of gynaecological tumors has introduced as the main criteria for classification of vulvar squamous cell carcinomas (VSCC) their etiological relationship with human papillomavirus (HPV) infection, dividing VSCC into two categories: HPV-associated and HPV-independent VSCC. Additionally, recent evidence suggests that HPV-independent tumors should be further divided according to p53 mutational status. We aimed to evaluate the clinical and prognostic implications of these new criteria.

Methodology We retrospectively identified patients treated for VSCC in our hospital from 1985 to 2022 (n=196). Tumors were reviewed and classified in compliance with 2020 WHO criteria, according to p16 immunohistochemistry and HPV testing. HPV-independent tumors were subclassified as p53 wild-type and mutant. The clinical and pathological features of tumors were compared and disease free-survival (DFS) and disease-specific survival (DSS) were evaluated using univariate and multivariate analysis.



Abstract 2022-RA-1543-ESGO Figure 1 Recurrence-free survival and disease-free survival Kaplan-Meier curves

Results Thirty-six (18%) patients had HPV-associated and 160 (82%) HPV-independent tumors, 88% of whom showed mutant p53. Patients with HPV-independent tumors were significantly older (76 vs 62 years, $p < 0.05$) and had bigger tumors (29 vs 20 mm, $p < 0.05$). HPV-independent tumors with mutant p53 were more deeply invasive than those with wild-type p53 (8 vs 5 mm, $p < 0.05$). Mean follow-up was 53 months. HPV-independent tumors were associated with shorter DFS (recurrence rate 48% vs 17%, $p < 0.05$), both in the

univariate and multivariate analysis (Figure 1). A tendency to worse DSS was identified in patients with HPV-independent tumors, particularly in patients with p53 mutant tumors (mortality rate 15% for p53 mutant, 10% for p53 wild-type, and 5% for HPV-associated VSCC, $p = 0.2$; Figure 1), despite the differences did not reach statistical significance.

Conclusion The 2020 WHO classification of VSCC has clinical and prognostic implications. Among patients with HPV-independent VSCC, patients with mutant p53 show specific clinical features. Different treatment of VSCC patients, according to HPV-association or not, should be considered in the future.

2022-RA-1549-ESGO VULVAR PRIMARY MELANOMA: REPORT OF SIX CASES AND REVIEW OF LITERATURE

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Introduction/Background Optimal treatments for vulvar melanomas (VM) have not been identified. VM has a poor prognosis due to late diagnosis and early dissemination. Only a limited amount of literature exists on this condition. This study elucidates the effect of current treatment.

Methodology We report all patients diagnosed with malignant melanoma in the vulva at Salah Azaiez Institute, between June 2011 and May 2022, from retrospective chart review and histologic analysis.

Results A total of 6 patients were included. The mean age at the time of diagnosis was 41.5 years. The majority of the melanomas were nodular. Superficially spreading melanomas only on the vulva were found in four patients; however, extension on the vagina was found in two cases. Five patients underwent radical surgery: total vulvectomy with bilateral inguinofemoral lymphadenectomy. One patient underwent wide local excision and sentinel lymph node investigation. This patient had local recurrence after 3 months; she had a radical vulvectomy and lymph node dissection. Histological findings showed free margins in all the patients. The median disease-free survival was 7 months and the median overall survival time was almost 14 months.

Conclusion Vulvar melanomas differ from nongenital cutaneous melanoma in epidemiologic characteristics and treatment paradigms. The prognosis is generally poor, with a high tendency to loco-regional and distant metastasis; thus, early diagnosis and staging are very important.

2022-RA-1590-ESGO IDENTIFICATION OF GROIN NODE METASTASIS IN SQUAMOUS VULVAL CANCER USING PREOPERATIVE [¹⁸F] FDG-PET/CT. CAN UNNECESSARY LYMPHADENECTOMY BE PREVENTED?

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Introduction/Background The predominant treatment of vulval cancer is surgery, which carries significant morbidities, mainly

lower limb lymphoedema. FIGO staging requires a histopathological dissection of the primary tumour and the inguofemoral lymph nodes (IFLN). Metastasis to IFLN constitutes stage 3 cancer. Radiological methods of IFLN assessment often lack accuracy. In this study we report on the use of [^{18}F] FDG-PET/CT to determine its accuracy as a pre-operative assessment tool for the groin in vulvar squamous carcinoma. This could be beneficial in preoperative assessment to facilitate sentinel lymph node assessment, thus sparing the patient the morbidity associated with full lymphadenectomy.

Methodology This retrospective study analysed the data of 200 patients with vulvar cancer, treated in St. James's Hospital Dublin between 2010 and 2022. The predictive value of PET/CT in preoperative assessment of the groin node metastasis was assessed. SUVmax of the nodal uptake of each inguinal area (if present) was calculated and correlated to histologically confirmed groin metastasis. The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of PET/CT in predicating groin node metastasis were calculated.

Results Out of the 200 patients 149 patients had unilateral or bilateral lymphadenectomy and a preoperative PET scan resulting in 197 groins with full histopathological assessment of inguinal area and a PET/CT. 46 groins (23.3%) had histologically confirmed groin metastasis, of which 27 groins (58.7%) had positive PET/CT. The sensitivity of PET/CT for IFLN metastasis was 58.7% and specificity was 91.4%. The PPV was 67.5% and the NPV was 87.9%. The mean SUVmax was 6.5 (range 1.6–30.0) for metastatic nodes (true positive) and 2.4 (range 1.9–3.1) for negative nodes (false positive).

diagnosed and treated at the Hospital Universitario San Ignacio in Bogotá, Colombia.

Methodology The patient is a 60 year old female with a 10 months history of a painful mass in the vagina. At physical examination with a friable 4 cm red mass in the lateral and posterior wall of the vagina that invaded the paravaginal tissue. Imaging showed bilateral pelvic lymph nodes of metastatic appearance that were biopsied with final morphological and immunohistochemical pathology report consistent with SCNC of the vagina. A systematic review of the literature of similar reported cases was conducted to identify articles that examined the diagnosis and treatment of vaginal SCNC published in english and spanish up to March 31, 2022. The following electronic databases were searched: PubMed, Embase, Cochrane, LILACS and Scielo. The following search terms were used: 'neuroendocrine carcinoma' or 'small cell carcinoma' and 'vaginal neoplasms'.

Results We identified 37 publications that included a total of 46 cases. Our case represents the first case report of a vaginal SCNC in our country.

Conclusion SCNC is rare. There is no standard of treatment. It has a poor prognosis and mortality rates in the first year after diagnosis are as high as 85%. Multicentric studies are necessary to identify prognostic factors and establish treatment strategies.

2022-RA-1664-ESGO

CONSENSUS RADIOTHERAPY GUIDELINES VULVAR CANCER: SPANISH GINECOR/SEOR GROUP MODIFIED DELPHI STUDY

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Introduction/Background Due to the low incidence of vulvar cancer, there are very few randomized studies for decision making in these patients. Current recommendations are mostly based on retrospective studies and institutional experience. The present consensus was developed by a team of spanish radiation oncologists on behalf of the subgroup GINECOR of the Spanish Society of Radiation Oncology, (SEOR) to provide a current review of the radiation treatment of vulvar cancer (VC).

Methodology A national panel of experts were recruited to reach consensus on the radiation treatment of VC. Prior to the discussion of the statements, we performed an extensive analysis of current medical literature from peer-reviewed journal to define evidence-based treatment options. A 2-round web-based modified Delphi study was conducted to reach a consensus on the appropriateness of the different therapeutic options in each clinical setting. The appropriateness of various

Abstract 2022-RA-1590-ESGO Table 1

		PETCT * Histology Crosstabulation		Total
		negative	positive	
PETCT negative	Count	138	19	157
	% within PETCT	87.9%	12.1%	100.0%
	% within Histology	91.4%	41.3%	79.7%
PETCT positive	Count	13	27	40
	% within PETCT	32.5%	67.5%	100.0%
	% within Histology	8.6%	58.7%	20.3%
Total	Count	151	46	197
	% within PETCT	76.6%	23.4%	100.0%
	% within Histology	100.0%	100.0%	100.0%

Conclusion This study showed that PET/CT was not sensitive enough to identify those at risk of lymph node metastasis. High NPV validates the use of PET-CT in discriminating metastatic from non-metastatic LNs, sparing patients unnecessary IFLN excision.

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SMALL CELL NEUROENDOCRINE CARCINOMA OF THE VAGINA

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Introduction/Background The objective is to report a case of a small cell neuroendocrine carcinoma (SCNC) of the vagina,