lower limb lymphoedema. FIGO staging requires a histopatho-
logical dissection of the primary tumour and the inguinofo-
moral 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 [18F]
FDG-PET/CT to determine its accuracy as a pre-operative
assessment tool for the groin in vulval squamous carcinoma.
This could be beneficial in preoperative assessment to facilitate
sentinel lymph node assessment, thus sparing the patient the
morbidly associated with full lymphadenectomy.

Methodology This retrospective study analysed the data of
200 patients with vulval cancer, treated in St. James’s Hospi-
tal Dublin between 2010 and 2022. The predictive value of
PET/CT in preoperative assessment of the groin node meta-
tasis was assessed. SUVmax of the nodal uptake of each inguinal
area (if present) was calculated and correlated to histologically
confirmed groin metastasis. The sensitivity, spec-
ificity, positive predictive value (PPV) and negative predictive
value (NPV) of PET/CT in predicting groin node metastasis were calculated.

Results Out of the 200 patients 149 patients had unilateral or
bilateral lymphadectomy 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 con-
firmed groin metastasis, of which 27 groins (58.7%) had pos-
tive 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).

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 unneces-
sary IFLN excision.

Abstract 2022-RA-1590-ESGO Table 1

<table>
<thead>
<tr>
<th>PETCT * Histology Crosstabulation</th>
<th>Histology negative</th>
<th>Histology positive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>% within PETCT</td>
<td>% within Histology</td>
</tr>
<tr>
<td>PETCT negative</td>
<td>138</td>
<td>87.9%</td>
<td>41.9%</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>12.1%</td>
<td>58.1%</td>
</tr>
<tr>
<td></td>
<td>157</td>
<td>100.0%</td>
<td>79.7%</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>100.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>32.5%</td>
<td>67.5%</td>
</tr>
<tr>
<td>% within PETCT</td>
<td>19</td>
<td>12.1%</td>
<td>58.1%</td>
</tr>
<tr>
<td>% within Histology</td>
<td>40</td>
<td>32.5%</td>
<td>67.5%</td>
</tr>
<tr>
<td></td>
<td>157</td>
<td>100.0%</td>
<td>79.7%</td>
</tr>
<tr>
<td>% within PETCT</td>
<td>151</td>
<td>76.6%</td>
<td>23.4%</td>
</tr>
<tr>
<td>% within Histology</td>
<td>197</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Conclusion This study showed that PET/CT was not sensitive
efficient 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.

2022-RA-1664-ESGO

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

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Introduction Background The objective is to report a case of a
small cell neuroendocrine carcinoma (SCNC) of the vagina,
therapies was classified as strongly agree, agree, neither agree nor disagree, disagree, strongly disagree. In those instances where evidence is lacking or not definitive, expert opinion was used to formulate recommendations.

**Results** Recommendations are made for using radiotherapy focused on the indications of radiotherapy. Three clinical scenarios were defined: adjuvant treatment, locally advanced vulvar cancer and recurrent disease. A high level of agreement over 80% was reached. Adjuvant radiotherapy is recommended for resected vulvar carcinoma with adverse risk factors, mainly positive margins and lymph nodes. For patients with unresectable vulvar carcinoma EBR modalities should be considered. The approach to a recurrence of vulvar carcinoma must be individualized for each patient in different clinical scenarios.

**Conclusion** In those aspects of vulvar cancer where evidence is not definitive, expert panel consensus may help in clinical decision-making.

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### Abstract 2022-RA-1664-ESGO

**Table 1**

**Conclusion** Topical 5% imiquimod cream can be an effective and safe alternative treatment for noninvasive recurrent Paget disease, compared to the surgical excision.

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### Abstract 2022-RA-1667-ESGO

**Introduction/Background** Extramammary Paget disease (EMPD) is a rare entity, accounting for only 6% of all Paget disease (PD). It is a neoplasm that frequently presents in areas where apocrine glands are abundant, such as the anogenital region and, less frequently, the axillae, with the vulvar area being the most frequently involved location. Surgery, with total excision, remains the treatment of choice, although other therapeutic approaches such as radiotherapy, photodynamic therapy, CO2 ablative laser therapy, interferon alpha, topical 5-fluorouracil (5-FU) and topical 5% imiquimod have been used with variable success. Regardless of the adopted therapy, the disease seems to follow a chronic course with high relapsing rates, ranging from 15 to 72%. Imiquimod, an immunomodulatory agent, is the most commonly used off-label topical treatment of EMPD, with varying response rates ranging from 50% to 100%. However, the indications to the use of imiquimod remain unclear. We studied the Imiquimod cream to avoid the serious anatomical, psychological and functional sequelae of surgery in case of recurring EMPD.

**Methodology** In this study we describe three cases of recurrent EMPD (after 4 years of follow-up), which had positive margins after undergoing primary surgery for PDV. A skin biopsy confirmed the clinical suspect of a recurrent disease, in a non-invasive form. Considering the lesions extent we decided to use imiquimod cream three applications per week for 12 weeks.

**Results** As shown by the pictures below, in two out of three patients we achieved the complete clinical response and the third patient had an improvement of the symptoms, although the lesion persisted. Some of the side effects of imiquimod were erythema, pruritus, pain. All patients correctly completed the treatment.

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**Conclusion** Topical 5% imiquimod cream can be an effective and safe alternative treatment for noninvasive recurrent Paget disease, compared to the surgical excision.

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**2022-RA-1689-ESGO**

**Introduction/Background** Extramammary Paget disease (EMPD) is a rare entity, accounting for only 6% of all Paget disease (PD). It is a neoplasm that frequently presents in areas where apocrine glands are abundant, such as the anogenital region and, less frequently, the axillae, with the vulvar area being the most frequently involved location. Surgery, with total excision, remains the treatment of choice, although other therapeutic approaches such as radiotherapy, photodynamic therapy, CO2 ablative laser therapy, interferon alpha, topical 5-fluorouracil (5-FU) and topical 5% imiquimod have been used with variable success. Regardless of the adopted therapy, the disease seems to follow a chronic course with high relapsing rates, ranging from 15 to 72%. Imiquimod, an immunomodulatory agent, is the most commonly used off-label topical treatment of EMPD, with varying response rates ranging from 50% to 100%. However, the indications to the use of imiquimod remain unclear. We studied the Imiquimod cream to avoid the serious anatomical, psychological and functional sequelae of surgery in case of recurring EMPD.

**Methodology** In this study we describe three cases of recurrent EMPD (after 4 years of follow-up), which had positive margins after undergoing primary surgery for PDV. A skin biopsy confirmed the clinical suspect of a recurrent disease, in a non-invasive form. Considering the lesions extent we decided to use imiquimod cream three applications per week for 12 weeks.

**Results** As shown by the pictures below, in two out of three patients we achieved the complete clinical response and the third patient had an improvement of the symptoms, although the lesion persisted. Some of the side effects of imiquimod were erythema, pruritus, pain. All patients correctly completed the treatment.

**Conclusion** Topical 5% imiquimod cream can be an effective and safe alternative treatment for noninvasive recurrent Paget disease, compared to the surgical excision.