Introduction/Background
Melanoma of the female lower genital tract is a rare and aggressive disease, with poor long-term clinical outcomes. Although rare, vulvar melanoma is the second most common histological type of vulvar cancer, representing 7–10% of all malignant vulvar neoplasms.

Methodology
Management of vulvar malignant melanoma is challenging. No unified, effective, and standardized treatment plan has been established for this disease. Radiation therapy and chemotherapy do not seem to benefit survival. In fact, there is still no consensus on the use of adjuvant therapy and only a single case series and few case reports on this topic are available. Encouragingly, accumulating evidence supports the role of immunotherapy in improving survival of patients with metastatic melanoma however, there is no evidence of its use in relation to patients with high-risk melanoma as first-line adjuvant therapy.

Results
We herein describe the preoperative, postoperative and follow-up clinical data of two patients with the diagnosis of high-risk vulvar malignant melanoma, 6-mm and 4.2-mm Breslow depth, respectively. Both of them underwent radical surgery consisting of radical vulvectomy and inguinal lymphadenectomy. Histopathological study revealed that the margins of the surgical pieces were free of disease and the inguinal staging was negative. No adjuvant therapy was proposed in multidisciplinary committee due to the lack of scientific evidence. However, very soon after radical surgery, they presented with recurrent disease and extensive metastatic disease.

Conclusion
Malignant vulvar melanoma has a poor prognosis not only for those with regional and distant metastatic disease but also for patients with high-risk disease. The use of immunotherapy has increased over time and may improve survival in those with distant disease. The current dilemma is the lack of consensus on its use after surgery, even in high-risk patients. These data support further investigation into the role of immunotherapy for vulvar melanoma to optimize outcomes.

Abstract 2022-RA-1696-ESGO

Impact of ERAS Implementation for Vulvar Cancer Surgery

Introduction/Background
Surgical literature and information on vulvar cancer is restricted. Centre hospitalier de l’Université de Montréal(CHUM) has a high volume of vulvar cancer patients. Gynaecological Enhanced Recovery after Surgery (ERAS) guidelines was implemented in 2017. This study compares CHUM’s practices to available ERAS guidelines, evaluates ERAS compliance and the impact of its implementation on vulvar cancer outcome.

Methodology
A retrospective cohort study was conducted at CHUM and included vulvar cancer patients operated in 2015 (pre-ERAS implementation) and 2019–2020 (post-ERAS implementation). Same day discharge and non-elective patients were excluded. Vulvar surgery and gynaecologic oncology ERAS guidelines were compared to CHUM’s practices by comparing protocol items. ERAS impact was measured by comparing pre-post implementation cohorts: length of stay (LOS), rates of complications, readmissions, and survival outcomes. Statistical significance was 0.05.

Results
78.9% of CHUM’s practices correspond with ERAS vulvar surgery guidelines (table 1). 113 patients were analysed: 51 (45.1%) pre-ERAS and 62 (54.9%) post-ERAS. Histopathological study revealed that the margins of the surgical pieces were free of disease and the inguinal staging was negative. No adjuvant therapy was proposed in multidisciplinary committee due to the lack of scientific evidence. However, very soon after radical surgery, they presented with recurrent disease and extensive metastatic disease. Post-operative LOS significantly decreased from 7 to 3 nights (p=0.004). No serious complication occurred.
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PREHABILITATION TO IMPROVE OUTCOMES OF PATIENTS WITH GYNAECOLOGICAL CANCER: A NEW WINDOW OF OPPORTUNITY?

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Introduction/Background Prehabilitation programmes aim to optimise the period between cancer diagnosis and treatment, by enhancing an individual’s functional and mental capacity prior to surgery. The aim of this study was to review the literature evaluating the effect of prehabilitation programmes on postoperative outcomes and quality of life of patients with gynaecological cancer undergoing surgery.

Methodology This was a systematic review, performed according to Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. Databases including Pubmed, Medline, EMBASE (Ovid) and PsycINFO were systematically searched to identify studies evaluating the effect of prehabilitation programmes on patients with gynaecological cancer. Both unimodal and multimodal prehabilitation programmes were included encompassing physical exercise, nutritional and psychological support. Primary outcomes were operative complications and quality of life. Secondary outcomes were anthropometrics and adherence to the programme.

Results Seven studies fulfilled the inclusion criteria, comprising 580 patients. Included studies comprised non-randomised prospective studies (n=4), retrospective studies (n=2) and one case report. Unimodal programmes and multimodal programmes were included. In patients with ovarian cancer, multimodal prehabilitation resulted in significantly reduced hospital stay and time to chemotherapy. In patients with endometrial and cervical cancer, prehabilitation was associated with significant weight loss, but no significant effects on operative complications or mortality. No adverse events of the programmes were reported.

Conclusion Evidence on the effect of prehabilitation for patients with gynaecological cancer is limited. Future studies are needed to determine the effects on postoperative complications and quality of life.