E-poster viewing: Vulvar and vaginal cancer

**HIV AND VULVAR CANCER IN SAINT PAUL’S HOSPITAL MILLENIUM MEDICAL COLLEGE, SUB-SAHARAN AFRICAN ETHIOPIA**

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**Objectives** This work is aimed to study the incidence and characteristics of patients with this cancer within the study period in view of the changing pattern.

**Methods** This is a retrospective study of histologically diagnosed gynecological cancers seen in our gynecological oncologic unit between January 2016 and December 2020 GC, over five-year period. The records of the patients were retrieved from our Gynecologic oncology register and the histopathology laboratory. Then the incidence of vulvar cancer was computed and the frequency distribution of demographic features patients with this cancer were determined using SPSS version of 25. HIV positive vulvar cancer patients were compared with those negative patients.

**Results** There were a total of 2055 gynaecological malignancies over the study period and vulvar cancer accounted for 63 (3.1%) of all the gynecological cancers. Their ages ranged from 18 to 80 years with a mean of 43.6 years. More than half (57.1%) of patients had concomitant HIV/AIDS infection. The average age at diagnosis of vulvar cancer in HIV-positive patients is a decade lower than in sero-negative patients (39.3 years vs 49.8 years). Women living with HIV are twelve times more likely to get vulvar cancer at young age (<45 years) compared to women without HIV (adjusted odd ratio (OR) = 12.4,95%CI: 3.6–42.7,P=0.0001).

**Conclusions** The incidence of vulvar cancer in this hospital is comparable to other reports. In this study, it was noted that there is an association between HIV/AIDS is quit alarming.

**VULVAR CANCER: PATTERNS OF CARE IN A TERTIARY CENTRE IN INDIA AND IMPLICATIONS OF THE REVISED FIGO STAGING (2021)**

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**Objectives** To evaluate the clinical profile and management of vulval cancer in India and assess the impact of the revised FIGO staging on outcomes.

**Methods** This retrospective observational study reviewed hospital records of 82 biopsy-proven vulval cancers. FIGO staging was assigned by 2009 and 2021 classifications. Survival function was calculated using Kaplan Meier and multivariable analysis using Cox proportional hazards model.

**Results** The median age of patients was 61 (24–92) years. Primary therapy was surgery in 73.2%; definitive radiotherapy ±chemotherapy in 10.9%; neoadjuvant radiotherapy and surgery in 4.9% and palliation in 10.9% cases. Adjuvant RT was administered in 31.7% (26/82) cases. Disease-specific recurrence and mortality rates were 32.9%(26/82) and 30.5%(25/82), respectively. Median DFS and OS were 17(IQR 1–36) and 27(IQR 9–52) months, respectively. With 2021 staging, stage shift was observed in 18% cases of advanced vulval cancer (3 upstaged from IIIA to IIIB; 5 downstaged from IVA to IIIA). The 3-year DFS was reduced for stage IIIA from 71.4% to 67%, and 5-year DFS from 71.4% to 33%. The 3-year OS reduced from 100% to 50%, and 5-year OS from 83% to 33%. In Stage IVA 3-year OS reduced from 23% to 20%, 5-year OS from 11% to 0%, and increased for stage IIIB (3-year DFS from 60% to 69%, 3-year DFS from 20% to 34%; 3-year OS from 46% to 56.7%, 5-year OS from 35% to 47.3%).

**Conclusions** There is a wide variety of patterns of care in LMICs. The FIGO 2021 staging is simpler and easier to use. Nearly one-fifth of advanced vulval cancer were restaged. There was better correlation with outcomes.

**VULVAR CANCER: CLINICAL PRESENTATION AND MANAGEMENT OPTIONS IN A LOW RESOURCE COUNTRY**

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**Objectives** We aim to study the epidemiological features of vulvar cancer in Tunisia and report the management strategies in a low-resource country.