Methodology A 5 year (2016–2021) observational study was conducted in department of Gynaecological Oncology, National Institute of Cancer Research and Hospital, Dhaka, Bangladesh. Data were collected from hospital record book retrospectively.

Results Six women with genital melanoma were attended within the study period, mean age: 54.67 years, minimum age: 48 years and maximum age: 70 years, most of the women are post-menopausal. Vaginal discharge was the commonest presenting symptom, 2 cases with vaginal melanoma, 3 cases with vulval melanoma and one cervical melanoma, presented in advanced stage (50% in stage II, 50% in stage III). Almost all patients received surgical treatment with radiation and chemotherapy as adjuvant. External beam radiotherapy (EBRT) and chemotherapy combination with (cisplatin, vinblastine and decarbazine) was given. Average DFS was 9.16 months.

Conclusion The occult nature of their anatomical location contributes to the late presentation and late diagnosis. Because of their rarity, there are currently no established guidelines for the treatment of genital melanomas. Complete resection may be difficult due to their anatomical location, and often resistant to chemotherapy and radiotherapy.

Disclosures No conflict of interest.

#459 LOCALLY ADVANCED VULVARY CARCINOMA: WHAT IS THE BEST TREATMENT OPTION?

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Introduction/Background Vulvar cancer accounts less than 1% of malignant neoplasms in women and 3–5% of female genital tumors.

Generally, the diagnosis of the disease is given in post-menopausal women aged over 50 years, with 50% being between 70 years and over, in series.

However, this neoplasm can also occur in younger patients, series being described with 12 to 15% cases before 45 years of age. The most frequent histological type is squamous cell carcinoma, responsible for 75 to 90% of cases.

Vulvar cancer can be cured in its early stages with early detection and timely treatment. It is estimated that 30 to 35% of vulvar cancer cases are in stages III and IV (FIGO). Survival being 43% and 13%, respectively.

Objective To compare overall survival between radical vulvectomy with free margins vs surgery with radiotherapy.

Results Surgery remains the first treatment option in resectable locally advanced disease.

Primary radiotherapy and neoadjuvant treatment should be secondary options.

Conclusion Vulvar carcinoma represents 4% of gynecological cancers.

Locally advanced squamous cell carcinoma of the vulva must be individualized, including different forms of presentation and different treatment modalities.

The clinical presentation and central tumor size is reality in developing countries, and could be important prognostic factor in order to see therapeutic strategies.

Disclosures No existen conflicto de intereses entre el autor ni coautores.

#468 DISCORDANCE IN RECEPTOR STATUS BETWEEN PRIMARY AND RECURRENT BREAST CANCER: PATHOLOGIC CORRELATIONS AND CLINICAL SIGNIFICANCE A SINGLE INSTITUTION ANALYSIS

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Introduction/Background Evaluating hormonal receptor and the human epidermal growth factor receptor 2 (HER2) status in recurrent breast cancer (RBC) have proven to have significant clinical impact.

In some cases, a conversion of receptor status is reported. We aim to determine the conversion rate of HER2, estrogen receptor (ER) and progesterone receptor (PR) between primary tumors and RBC and define clinical significance.

Methodology This study included 45 patients diagnosed with RBC in Salah Azaiez Institute between 2010 and 2021.