#343 MORBIDITY OF THE SURGICAL MANAGEMENT OF VULVAR CANCER: EXPERIENCE OF A SINGLE TUNISIAN CENTER

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Introduction/Background To evaluate the morbidity and mortality of the surgical management of vulvar cancer (VC).
Methodology We retrospectively included 192 patients diagnosed and treated for VC at the Salah Azaiez Institute between 1994 and 2022. We reviewed early and late postoperative complications and analyzed factors associated with surgical morbidity.
Results The mean age was 64.93± 13.817 years (range, 24–104 years). Surgery was a radical vulvectomy,hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral at 88.5%. Sentinal lymph node biopsy was performed in 5.7% of cases. Blood transfusion was necessary in 5 cases. The mean operative time was 124.71±45.738 mn and was significantly increased in stage pT2–3 (146.21±60.911 mn vs 120.89±41.566 mn in pT1, p=0.039) and with vaginal resection (201.67±102.453 vs 122.23 ± 40.961mn, p<0.0001). Postoperative complications were recorded in 77 cases. Medical complications were dominated by thromboembolic accidents in 4 cases (2.1%) and urinary infections in 2 cases (1%). Early surgical complications were dominated by Wound dehiscence in 7.8% of cases which was correlated to diabetes (28.6% vs 6.2%, p=0.003), neoadjuvant irradiation (33.3% vs 7.4%, p=0.097), advanced pT stage (17.2% in stage pT2–3 vs 6.1%, p=0.04), vaginal resection (33.3% vs 7.4%, p=0.018), wound infection (33.3% vs 5.2%, p<0.0001) and the operative time (123.45 mn vs 139.67mn, p=0.061). Rectal fistula occurred in 2 cases, and hematoma in 3 cases. Surgical revision was necessary in 5 cases (5.2%). Late surgical complications were dominated by lymphocyst in 7.8% of cases and lymphoedema in 9.9% of cases which was correlated to advanced pN stage (11.11% in stage pN2-N3 vs 9.7% in stage pN0-N1, p=0.011).
Conclusion The morbidity of the surgical management of VC should be evaluated in order to improve survival and reduce the median period of hospitalization.
Disclosures No potential conflict of interest

#345 MALIGNANT TRANSFORMATION OF VAGINAL ADENOSIS TO ADENOCARCINOMA ONE YEAR AFTER RADICAL HISTERECTOMY WITHOUT PRENATAL DIETHYLSTILBESTROL EXPOSURE: A CASE REPORT

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Introduction/Background Vaginal adenosis occurs when normal squamous cell mucosa is replaced with metaplastic glandular epithelium. One known risk factor for vaginal adenosis is in-utero diethylstilbestrol (DES) exposure. DES is a synthetic oestrogen prescribed in the past to prevent miscarriages and preterm labour. Adenosis may present with a variety of symptoms including pain, vaginal bleeding and discharge.
Results
Case report A 46-year-old female presented with symptoms of vaginal pain and discharge. Pap test result showed atypical glandular cells. HPV testing was negative. History of intrauterine exposure to DES was negative. Speculum examination revealed oedematous vaginal walls covered with discharge. She had dilatation and curettage (DEC), and her histopathological results showed atypical lobular endocervical glandular hyperplasia. Subsequently, she underwent cervical conisation, and her results were consistent with invasive cervical adenocarcinoma with negative margins. MRI demonstrated no residual neoplastic tissue with cystic changes on the proximal and middle third of the vagina. She was referred for radical hysterectomy. The results showed no signs of residual neoplastic tissue, however vaginal surgical margins passed through vaginal adenosis. She was referred to oncology for radiotherapy. After one year, the patient presented again with vaginal pain and her speculum examination revealed bleeding lesions at the vaginal entrance. These lesions were biopsied and the result was consistent with adenocarcinoma (malignant transformation of the vaginal adenosis). The immunotherapy test for programmed death ligand 1 (PD-L1) was positive. The patient is currently under chemotherapy and immunotherapy.
Conclusion In this very rare case, malignant transformation of endocervical glands and vaginal adenosis happened in a close period. Malignant transformation of vaginal adenosis cannot be controlled or predicted. In women without known DES exposure, the correlation between vaginal adenosis and a primary vaginal malignancy is even more unclear. Treatment is controversial, with a combination of surgical treatment, radiotherapy, chemotherapy and immunotherapy.
Disclosures No conflicts of interest are reported.

#360 IMPACT OF FRAILTY ON THE INCIDENCE OF POST-SURGICAL COMPLICATIONS IN VULVAR CANCER

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Introduction/Background Despite the progressive reduction in surgical morbidity of vulvar cancer, the incidence of post-operative complications remains high, especially in patients with comorbidities such as tumour stage, advanced age, diabetes, hypertension, obesity, smoking or hypoalbuminaemia. Assessing these conditions in addition to patient's strength, function and physiological endurance would provide a more global view of the patient's functional status.

The aim of this study is to review the complications and their relationship with frailty in patients who underwent surgery for vulvar cancer at our Centre.
Methodology Retrospective study of vulvar cancer cases operated between 2009–2022 to analyze the relationship of frailty

(using the modified frailty index, mFI) and post-operative complications. Statistical analysis of the frequency distribution of the population data as well as postoperative complications according to frailty status was performed. Differences between percentages were calculated with Fisher's exact test.

Results Of 31 women who underwent radical vulvectomy (22.6% RV alone), 12 cases (38.7%) had mFI≥2 (frail). No differences were found between frail and non-frail groups in the type of surgery nor stage. Women with an mFI≥2 compared with non-frail women were older (≥65yrs: 100% vs 52.6%, p<0.05), more diabetes cases (50% vs 0, p<0.05), hypertension (83.3 vs 26.7 p<0.05) and functional dependence (91.7% vs 10.5%, p<0.05). Post-operative complications in frail women were found in 75% of cases against 47.4% in non-frail group. It was found significant difference in minor complications (75% vs 31.6% p<0.05). Major complications were 33.3% in frail group vs 5.6% in non-frail (p=0.06). Wound complications were 75% in frail women vs 47.4% in non-frail (of these, wound vulvar disruption was found in frail group 66.7% vs 5.3% in non-frail, p=0.06>).

Conclusion Despite the small number of cases in our cohort, frailty is observed to have a higher risk of complications after surgical treatment of vulvar cancer.

Disclosures This research received no external funding. The authors declare no conflict of interest.

#424 VULVAR CANCER- RESECTION WITH LOCAL FLAP RECONSTRUCTIONS: AN INSTITUTIONAL EXPERIENCE

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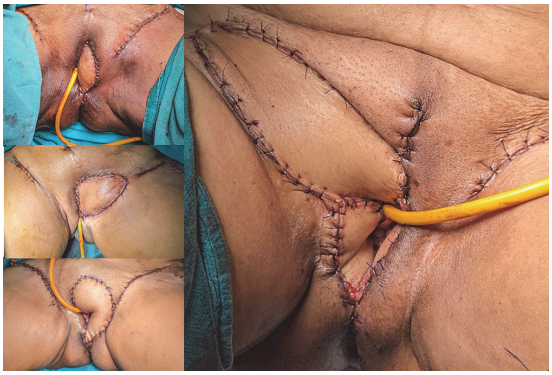
Introduction/Background Surgical excision forms the mainstay in treatment of vulvar cancers. A gross circumferential tumor free margin of around 2 cms is preferred. The resultant defect after a wide local excision is usually not amenable to primary closure.

Methodology This is our experience of various options of reconstruction of the vulvar defect. 17 patients of vulvar carcinoma were operated at our hospital in the last 2 years.

Results 11 patients underwent V-Y advancement myocutaneous flap reconstruction, 5 underwent pedicled anterolateral thigh flap reconstruction and medial thigh flap was used in 1 patient. There were no flap necrosis or wound dehiscence in our series.



Abstract #424 Figure 1 Collage of various flaps at completion of surgery

Conclusion Myocutaneous flap reconstruction should be used for closure in vulvar cancers. There are many robust local flaps options. These prevent wound healing complications thus improving the quality of life of the patient and also reduces delay in initiation of any adjuvant treatment.

Disclosures NONE

#478 THE VALUE OF PATIENT-REPORTED OUTCOME MEASURE ASSESSMENT AND CIRCULATING TUMOR DNA TO DETECT EARLY RELAPSE DURING SURVEILLANCE IN WOMEN WITH VULVA CANCER

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Introduction/Background Vulva cancer (VC) is a rare disease often diagnosed in elderly, comorbid women. Despite treatment with curative intent, up to 40% will experience at least one recurrence. Knowledge on intervention and prevention of recurrence primarily relies on small retrospective studies. There is a lack of valid biomarkers for risk stratification of women with VC. Identification of circulating tumor DNA (ctDNA) represent a novel technological advancement for personalized risk assessment and treatment allocation, and systematic assessment of patient reported outcome measures (PROMs) represent a valid method for early detection of recurrence. A combined approach may pave the way for future implementation of individualized follow-up. The aim of the present PhD study is to investigate different aspects of recurrence detection in women with VC to optimize the current surveillance program.

Methodology We will conduct a prospective cohort study with a mixed method research design. We will collect and analyze quantitative PROM data and qualitative procedural data during surveillance in women with VC to evaluate symptomatology and identify warning signs which may trigger early clinical check-up. Further, we will collect liquid biopsies to conduct a proof-of-concept study to identify ctDNA in women with VC at the time of diagnosis and prospectively during surveillance.

Results Patient enrollment is expected to start in summer 2023 and will run for approximately 5 years. We expect to include 250 patients.

Conclusion Our results will contribute with new knowledge to the field of individualized surveillance programs for women with VC. In time detection of recurrence is crucial to offer curative treatment with as limited need for mutilating surgery as possible. Follow up data from the two parallel studies will investigate if a combination of PROM assessment and ctDNA monitoring at the time of diagnosis and over time improves treatment allocation, recurrence detection, survival, and quality of life.

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