lymphatic drainage system of the pelvis. Further studies are needed to explore the optimal surgical procedure concerning pelvic lymphadenectomy in women with advanced cancer of the vulva.

Disclosures See attached files (COIs).

#582 ICG TRACER COMPARED WITH TECHNETIUM-99M FOR SENTINEL LYMPH NODE BIOPSY IN VULVAR CANCER

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Introduction/Background Lymph nodal status assessment is important for prognosis in vulvar cancer. The standard-of-care is the sentinel lymph node biopsy with radioactive tracer. However, there are controversies in its use, and the studies are limited. Indocyanine green fluorescence-ICG could be a promising option with the advantage of not needing nuclear medicine.

Methodology Prospective evaluation of sentinel lymph node in early-stage vulvar cancer by preoperative technetium and intraoperative ICG. The primary endpoint was to determine accuracy in the detection rate for ICG compared with technetium. Secondary objectives included tracer modality relationship with obesity, tumor size and location. This study evaluates ICG sentinel lymph node detection compared with the criterion-standard with technetium (dual modality methodology).

Results In total, 75 patients participated at 8 Spanish centers. The overall sentinel lymph node detection rate was 85.3% for technetium and 82.7% for ICG. For lateral tumors (38 cases), the detection rate was 84.2% vs. 89.5%, while for midline tumors (37 cases) it was 86.3% vs. 75.7% for midline tumors, using technetium and ICG, respectively. The median sentinel node harvest was 1.7 (range 1–4), with 24% metastatic involvement. The sensitivity and positive predictive value for ICG based on the standard technique with technetium was 91.08% (95% CI, 83.76–95.84) and 94.8% (95% CI, 84.84–96.48), respectively. No significant differences were found comparing the two tracers in patients with midline lesions, obesity (body mass index ≥30) and tumor size ≥2–4 cm.

Conclusion ICG is not superior to Tecnecium for detection of SN in vulvar cancer. Although without significance, tc shows better rate of detection. Anyway, ICG can be a good tool in Hospitals without facilita of nuclear.

Disclosures No disclosure

#606 PRIMARY CLEAR CELL ADENOCARCINOMA ORIGINATING FROM MALIGNANT ENDOMETRIOSIS

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Introduction/Background To describe a clinical case and review the literature of a primary clear cell adenocarcinoma of the vulva originating from malignant endometrioma, diagnosed and treated at the Hospital Universitario San Ignacio, in Bogotá, Colombia

Methodology A review was made of all articles in English or Spanish in databases: Scielo, LILACS, PubMed, Cochrane, Embase.

Results In our review of the literature, we only found nine (9) cases reported with this histological type, of which seven (7) are associated with malignant endometriosis and the age range is from 34 to 70 years.

Conclusion Vulvar clear cell carcinoma is an extremely rare pathology, we only found nine (9) cases, this being the first in our country and in Latin America. Most are associated with malignant endometriosis. There is no standard treatment, surgical management being the main one, associated with chemotherapy or radiotherapy in some cases.

Disclosures None

#608 EXPRESSION OF CYTOKERATIN 19 IN VULVAR CARCINOMAS FOR SENTINEL LYMPH NODE BIOPSY ASSESSMENT WITH ONE-STEP NUCLEIC ACID AMPLIFICATION TECHNIQUE

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Introduction/Background After the studies that demonstrate the usefulness and benefit of one-step nucleic acid amplification technique (OSNA) in sentinel lymph node biopsy (SLNB)