

of 44 months (min. 3, max. 136), the 5-year recurrence-free survival was 55% (95% Confidence Interval (CI) 29–75) and the overall survival 68% (95% CI 44–84). There were no significant differences in survival by primary or recurrent disease.

Conclusion PE in women with VC seems to result in acceptable morbidity rates and a low risk of mortality. Albeit the small sample size did not allow for detailed analysis, our results indicate that PE may be a valid treatment option even in elderly women, both in the primary and recurrent setting.

Disclosures None.

#784 MANAGEMENT OF VULVAR AND PERINEAL LESIONS WITH RADICAL RESECTIONS

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Introduction/Background Different reconstruction options are available when large defects that require reconstruction occur. In this study, we present the treatment strategy and results for patients who underwent reconstruction after resection for gynecological cancer in the vulva and perineum. **Material and Methods:** A total of 22 patients who underwent reconstruction between April 2018 and April 2022 were included in this retrospective study. Demographics and clinical data,

Methodology A total of 22 patients who underwent reconstruction between April 2018 and April 2022 were included in this retrospective study. Demographics and clinical data, the resection operation, characteristics of the defect, and the reconstruction methods applied were evaluated. Postoperative treatment strategy and complication rates were evaluated.

Results The mean age was 58.3 ± 16.2 (41–90) years. 88.9% of the patients had additional diseases. Pelvic exenteration was performed in 5 (27.8%) patients, anterior resection in 2 (11.1%) patients and vulvectomy in 11 (61.1%) patients. The most common malignancy was squamous cell carcinoma was performed with Bilateral fasciocutaneous flap in 15 (68.1%) patients, Unilateral fasciocutaneous flap in 4 (16.7%) patients, Rectus abdominis myocutaneous flap in 1 (4.5%) patient and skin graft in two (9.0%) patient. Wound complications occurred in 7 (31.8%) patients, partial flap necrosis in one (5.6%) patient, and recurrence in one (9.0%) patient in the long term.

Conclusion Gynecological oncological radical resections are an effective way to treat gynecological malignancies and pre-malign lesions. Reconstructive surgery could be required.

The technique of reconstruction should be chosen carefully and a multidisciplinary approach should be used when needed. Patients who underwent vulvectomy are at a higher risk of surgical site complications.

Disclosures There are no known conflicts of interests among the authors.

Abstract #784 Table 1 Patient characteristics and treatment summary

Age (years)	58.3±16.3 (41-90)
Body mass index (kg/m ²)	29.8±4.8(22.1-39.0)
Comorbidity	
Hypertension	9 (40.9%)
Hypothyroidism	4 (18.1%)
Diabetes	2 (9.0%)
Coronary artery disease	4 (16.7%)
Arrhythmias	3 (13.6%)
Smoking	4 (16.7%)
Other	3 (16.7%)
Preoperative neo-adjuvant therapy	
Radiotherapy	7 (38.9%)
Chemotherapy	6 (33.3%)
Previous cancer history (another system)	
Breast cancer	1 (4.5%)
Hodgkin lymphoma	2 (9.0%)
Resection operation performed	
Vulvectomy	15 (68.1%)
Anterior Resection	5 (22.7%)
Pelvic exenteration	2 (9.0%)
Reconstruction operation performed	
Bilateral fasciocutaneous flap	15 (68.1%)
Unilateral fasciocutaneous flap	4 (16.7%)
Rectus abdominis myocutaneous flap	1 (4.5%)
Skin grafting	2 (9.0%)
Complications	
Wound infection-detachment	7 (31.8%)
Partial flap necrosis	1 (4.5%)
Relapse	2 (9.0%)
Pathology	
Squamous cell carcinoma	11 (61.1%)
High-grade squamous intraepithelial lesion	4 (22.2%)
Paget's disease	2 (11.1%)
Malignant melanoma	1 (5.6%)

#791 THE NEED FOR VULVAR BIOPSY IN WOMEN WITH CHRONIC ITCHING: A SINGLE-CENTER STUDY

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Introduction/Background The primary causes of vulvar long-lasting pruritus are evaluated in order to determine its significance.

Methodology From January 2018 to December 2022, women who complained of vulvar pruritus with no lesions to Hacettepe University Hospital were included in this retrospective case series. Patients underwent vulvar colposcopy and biopsy after a preliminary evaluation. The term 'chronic vulvar pruritus' refers to vulvar itching that lasts more than six weeks.

Results N= 207 patients underwent vulvar biopsy and 174 (84.1%) of them have long-duration pruritus. In 124 (71.2%) pathology, 53(30.5%) of them resulted as natural epidermis with no pathologic lesion. 32(18.4%) of them resulted as inflammation, 10(5.7%) of them as allergic dermatitis, 7(4%) of them lichen simplex 7(4%) of them condyloma acuminatum, 4(2.3%) of them candidiasis the rest of the 11(6.3%) was other nonspecific benign lesions. 48(27.5%) premalign lesions in total presented with chronic pruritus. 44(25.2%) of them with lichen sclerosis, 2 of them LSIL(1.1%), 1 of them VIN1(0.6%) and 1 of them resulted as VIN3(0.6%). 2(1.1%) squamous cell carcinoma presented with long-duration pruritus as malign lesions.

Conclusion There is currently no screening procedure for vulvar malignant and premalignant lesions, and vulvar pruritus can occur in both patients with benign vulvar disease and patients with premalignant lesions. Our findings highlight the

significance of pathological sampling of the vulva in patients with chronic pruritus as premalignant and malignant lesions can be seen in one-third of these women.

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#840 NEUTROPHILIC INFLAMMATION IN SQUAMOUS CELL VULVAR CARCINOMA

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Introduction/Background Neutrophils play a key role in immune protection against bacterial threats. In cancer, these heterogeneous cells can exert pro- or anti-tumour functions. This study aimed to characterise the putative effect of neutrophil recruitment on vulvar squamous cell carcinoma (VSCC) progression.

Methodology Clinical material was obtained from 89 patients with VSCC. The abundances of CD66b, the neutrophil activation marker as well as cathepsin G (CTSG), neutrophil elastase (ELANE), and proteinase 3 (PRTN3), the main neutrophil serine proteases (NSPs) were analysed by immunohistochemistry (IHC) in VSCC tumours. Quantitative polymerase chain reaction (qPCR) were used to detect the 12 selected bacterial species in VSCC.

Results High abundance of CD66b in VSCC tumours was found to relate to poor survival of patients with VSCC. The selected NSPs were shown to be expressed in vulvar tumours, also within microabscess. The increased numbers of microabscesses were also correlated with poor survival in VSCC patients. The presence of *Fusobacterium nucleatum* and *Pseudomonas aeruginosa* in the tumours was found to be associated with a shorter time to progression in VSCC patients.

Conclusion Our results show that neutrophils seem to be generally pro-tumoral cells in VSCC. It can be hypothesised that infiltration of neutrophils may be permissive for tumour-promoting bacteria in vulvar tumours.

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#842 RARE CASE OF SYNCHRONOUS PRIMARY CERVICAL AND ENDOMETRIAL CANCER WITH OVARIAN METASTASIS

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Introduction/Background Recent studies in China have reported an incidence of approximately 1% for multiple primary tumors. However, it is important to note that the current prevalence in China might be underestimated due to regional variations and limited case numbers. Synchronous primary cancers of the endometrium and cervix with different histomorphology are particularly rare in the female reproductive system.

Methodology A 73-year-old woman was admitted to Gansu Provincial Maternity and Child-care Hospital with complaints of vaginal bleeding for two weeks, occasional lower abdominal discomfort, and dizziness. We performed serological, imaging, and histopathological tests on this patient. To further investigate whether cancer sites were primary or metastatic, we utilized a dual-gene methylation detection system (CISPOLY, China) to analyze pathological tissues from different areas.

Results Serological tests revealed elevated levels of carcinoembryonic antigen and CA-125. Transvaginal ultrasound (TVS) showed abnormalities in the uterine cavity and cervical canal. Pelvic MRI revealed diffuse occupancy of the uterine cavity and cervical canal, indicating a likelihood of endometrial cancer. Pathological biopsy revealed the presence of inflammatory cells, consistent with endometrial cancer. Surgical and pathological results confirmed tumor sites as follows: invasion of the muscle layer in the uterine cavity, adenocarcinoma in situ, and chronic cervicitis. We observed positive gene methylation results in other sites, indicating molecular-level changes that have not yet manifested as tissue alterations.

Conclusion Both gene methylation technology and traditional histopathology were employed for simultaneous detection. The results of gene methylation analysis may provide further insights in determining whether the reproductive tract tumors originate primarily or secondarily. Essentially, the presence of positive methylation in other areas may suggest a potential cancer progression within a specific timeframe, which can serve as a basis for assessing the likelihood of cancer metastasis. However, further clinical cases are needed to substantiate the role of methylation in considering the cancer foci metastasis possibility.

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#882 PRIMARY (CHEMO)RADIOTHERAPY IN LOCALLY ADVANCED SQUAMOUS CELL VULVAR CANCER: ANALYSIS OF SURVIVAL OUTCOMES

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Introduction/Background Around 30% of vulvar cancer cases are diagnosed at advanced stage. The aim of our analysis was to assess the survival rates in patients with locally advanced vulvar cancer (LAVC) undergoing primary (chemo)radiation (CRT).

Methodology Data on patients with squamous cell LAVC (AJCC stage II-IV) referred to our Institution, undergone primary CRT between January 2016 and July 2022 were evaluated.

Results Among 55 patients, 7 (12.7%) patients had no concomitant chemotherapy because considered unfit. Twelve (21.8%) patients had stage II disease, 18 (32.7%), 2 (3.6%) and 23 (41.8%) had stage III, IVA, IVB disease, respectively.