

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.