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.
Disclosures There is no conflict of interest in this study. No grant support is taken and all costs are covered by the authors.

#840 NEUTROPHILIC INFLAMMATION IN SQUAMOUS CELL VULVAR CARCINOMA

[1]Natalia Rustetska*, [2]Magdalena Szczepaniak, [3]Krzysztof Goryca, [1]Elwira Bakula-Zalewska, [1]Malgorzata Figat, [2]Artur Kowalik, [2]Stanislaw Gózdz, [1]Magdalena Kowalewska. *[1]Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland; [2]Holycross Cancer Centre, Kielce, Poland; [3]University of Warsaw, Warsaw, Poland*

10.1136/ijgc-2023-ESGO.832

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 microabscesess 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.
Disclosures The work supported by the Foundation of Count Jakub Potocki, Grant Number UMO-103/21.

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

Bingxin Cai*, Qing Liu, Huiling Wang. *Gansu Provincial Maternity and Child Care Hospital, Lanzhou, China*

10.1136/ijgc-2023-ESGO.833

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.
Disclosures No potential conflict of interest was reported by the authors.

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

[1]Alex Federico, [2]Valentina Lancellotta, [1]Simona Maria Fragomeni*, [1]Giacomo Corrado, [3]Lavinia Torre, [2]Luca Tagliaferri, [2,4]Maria Antonietta Gambacorta, [1,3]Giovanni Scambia, [1,3]Giorgia Garganese. *[1]Unità di Ginecologia Oncologica, Dipartimento Scienze della Salute della Donna, del Bambino e di Sanità Pubblica, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; [2]Radioterapia Oncologica ed Ematologia, Dipartimento di Diagnostica per Immagini, Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, Italy; [3]Dipartimento Universitario Scienze della Vita e Sanità Pubblica, Sezione di Ginecologia ed Ostetricia, Università Cattolica del Sacro Cuore, Rome, Italy; [4]Radioterapia Oncologica ed Ematologia, Dipartimento Universitario Diagnostica per Immagini, Università Cattolica del Sacro Cuore, Rome, Italy*

10.1136/ijgc-2023-ESGO.834

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.

Int J Gynecol Cancer: first published as 10.1136/ijgc-2023-ESGO.834 on 27 September 2023. Downloaded from http://ijgc.bmj.com/ on February 25, 2024 by guest. Protected by copyright.

The median age was 71 years, median tumor size was 50 mm, 43 (78.2%) patients had positive lymph nodes. Radiation treatment consisted of 1.8/2 Gy daily for 5 days, repeated weekly. The median radiation dose to gross disease was 70 Gy. Concurrent chemotherapy consisted of weekly Cisplatin (N=28), Cisplatin and 5-Fluorouracil (N=17) or Carboplatin (N=3). Eighteen (32.7%) patients had complete clinical response to CRT (cCR), 23 (41.8%) had partial clinical response (cPR), 14 (25.5%) had stable disease or progression (SD/PD). Twenty (36.4%) patients had following radical surgery (cCR=2, cPR=17, PD=1).

The median follow-up time was 17 months. Twenty-nine (52.7%) patients had disease progression, 23 (41.8%) patients dead of disease, 6 dead with no evidence of disease.

Overall survival (OS) at 3 years was 80% for patients with cCR, 26.5% for patients with cPR, 0% for patients with SD/PD ($p<0.001$). After adjusting for age and clinical stage, age>75 years (HR 2.8; 95% CI: 1.2–6.2; $p=0.014$), cPR (HR 3.8; 95% CI: 1.1–13.8; $p=0.041$) and SD/PD (HR 57.5; 95% CI:12.2–270.3; $p<0.001$) were independently associated with poor survival rates.

Figure 1. Cumulative curves for OS according to clinical stage (A), age (B) and clinical response to CRT (C)

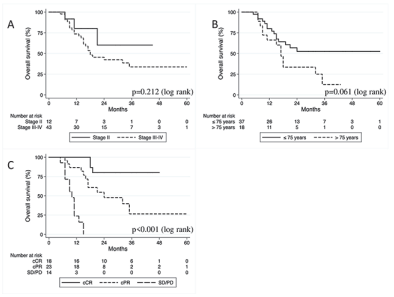


Table 1. Cox's proportional hazard model for OS

	HR (95% CI)	p
Age, years		
≤ 75	Reference	
> 75	2.8 (1.2-6.2)	0.014
Clinical stage (AJCC 2017)		
II	Reference	
III-IV	1.3 (0.4-4.7)	0.644
Clinical response to CRT		
cCR	Reference	
cPR	3.8 (1.1-13.8)	0.041
SD/PD	57.5 (12.2-270.3)	<0.001

Abstract #882 Figure 1 Cumulative curves for OS according to clinical stage (A), age (B) and clinical response to CRT (C)

Conclusion In patients with LAVC, complete clinical response to CRT is associated with high survival rates. Advanced age, partial or absent clinical response to CRT are associated with very poor survival.

Disclosures Authors have nothing to declare

#905 SURGICAL APPROACH TO A PATIENT WITH COEXISTENCE OF VAGINAL CANCER AND TOTAL UTERINE PROLAPSE – CASE PRESENTATION

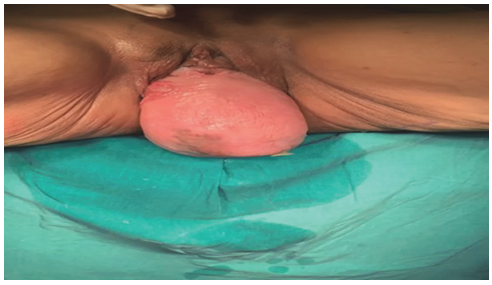
Berfin Yüksekkaya*, Ulas Çoban, Ibrahim Yalçin. *Samsun Ondokuz Mayis Universitesi, Samsun, Turkey*

10.1136/ijgc-2023-ESGO.835

Introduction/Background The coexistence of vaginal cancer and total uterine prolapse is quite rare. There is no consensus in the literature regarding the optimal treatment approach.

Methodology A retrospective case presentation of a patient with coexistence of vaginal cancer and total uterine prolapse will be presented in 2023 at Ondokuz Mayıs University, Samsun, Turkey

Results A 60-year-old female patient presented with total uterine prolapse and an ulcerated lesion in the vagina. Excisional biopsy of the lesion revealed grade 1 Squamous Cell Carcinoma unrelated to HPV. The patient underwent radical local vaginal excision, inguinofemoral lymph node dissection, vaginal hysterectomy and bilateral salpingo-oophorectomy, along with a Leforte colpocleisis. Histopathological examination of the tumor tissue from the vagina reported HPV-unrelated keratinizing-type grade 1 Squamous Cell Carcinoma with lymphatic invasion, perineural invasion and invasion into the muscle layer. The patient was referred to the Radiation Oncology department for radiation therapy planning.



Abstract #905 Figure 1

Conclusion Based on the limited literature available on the treatment options for patients with the coexistence of total uterine prolapse and vaginal cancer, radiation therapy following vaginal surgical resection and reconstruction of the tumor is considered a feasible treatment option for these patients.

Disclosures There is no conflict of interest in this statement.

#932 SURGICAL TREATMENT OF LIVER METASTASIS AND LOCAL RECURRENCE FROM RECTOVAGINAL EXTRAGASTROINTESTINAL TUMOR. CASE PRESENTATION

Eleni Papamattheou, Eirini Chorianopoulou, Ioannis Katsaros, Kyriaki Theodorolea, Christos Iavazzo*, Elissaios Kontis. *Surgical Oncology Department, Memorial Cancer Hospital of Piraeus, Athens, Greece*

10.1136/ijgc-2023-ESGO.836

Introduction/Background The rectovaginal septum is a rare location for gastrointestinal stromal tumors (GIST) to occur. The aim of this study is presentation of a patient with solitary liver metastasis and local recurrence from low-risk extra gastrointestinal tumor (e-GIST) in rectovaginal space.

Methodology A 55-year-old woman with a medical history of operated meningiomas, was referred to our department for a 5 cm solitary liver metastasis e-Gist, in the segments II/III. The patient had undergone transvaginal resection of a low-risk e-GIST metastasis 6 months ago for which she did not receive additional chemotherapy. On clinical examination, an image compatible with local recurrence in the posterior wall of the vagina and imaging examination did not reveal any radiologic findings. The patient underwent a synchronous resection with laparoscopic left lateral hepatectomy and transvaginal resection and reconstruction with posterior colporraphy. Her postoperative course was uneventful and was discharged on postoperative day 5.

Results Histological examination revealed for liver tumor high risk GIST with CKIT (+), DOG1 (+), ki67≥ 30%, high mitotic activity, R0 resection. The histological examination of the vaginal lesson revealed the development of neoplasm with the same characteristics with the initial histology expect from

Int J Gynecol Cancer: first published as 10.1136/ijgc-2023-ESGO.834 on 27 September 2023. Downloaded from http://ijgc.bmj.com/ on February 25, 2024 by guest. Protected by copyright.