

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)

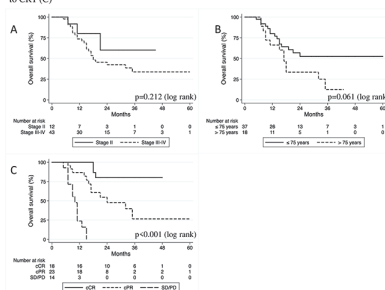


Table 1. Cox's proportional hazard model for OS

Age, years	HR (95% CI)	P
≤ 75	Reference	
> 75	2.8 (1.2-6.2)	0.014
Clinical stage (AJCC 2017)		
I	Reference	
II	1.3 (0.4-4.7)	0.644
III-IV		
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

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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

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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 colporrhaphy. 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 lesion revealed the development of neoplasm with the same characteristics with the initial histology expect from

the mitotic index, which was >20%. The patient was referred for adjuvant chemotherapy.

Conclusion E-GISTs are rare neoplasms, with generally low malignancy potential. However, these tumors can have metastatic potential and require aggressive treatment.

Disclosures All authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this case report.

#938 CLINICOPATHOLOGICAL FEATURES OF RARE VULVAR TUMORS

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Introduction/Background Vulvar tumors are rare neoplasms that account for 4% of all gynecological neoplasms. They are fourth in frequency after tumors of the cervix, endometrium, and ovary. Ninety eight percent of all vulvar tumors are benign and only 2% are malignant. Ninety-five percent of vulvar tumors are squamous cell carcinomas, and the other histological types represent only 5%.

Methodology We conducted a retrospective descriptive study, including the patients diagnosed and treated at the Salah Azaiez Institute, for vulvar cancer apart from squamous cell carcinomas, over a period of 12 years, from 2010 to 2022.

Results Nine patients were included in our study. The most frequent reason for consultation was vulvar pruritus (in six patients) followed by the appearance of a vulvar mass. All patients had surgical treatment with or without adjuvant therapy. After a median follow-up of 62 months, only two patients presented a locoregional recurrence, requiring a surgical revision, with vulvar reconstruction in one case. Clinicopathological features and therapeutic modalities, are summarized in table 1.

Abstract #938 Table 1 Clinicopathological features and therapeutic modalities of the studied cases

Histological type	N° of patients	Age (years)	Clinical Presentation	Inguinal adenopathy	Distant metastases	Treatment	Follow-up
Paget's disease	3	63	Ulcerative lesion	No	No	Total vulvectomy	Complete remission
		71	Ulcerative lesion	No	No	Right partial vulvectomy	Complete remission
		68	Ulcerative lesion	Yes (bilateral)	No	Total vulvectomy with bilateral inguinal lymph node dissection	Locoregional recurrence after 4 years
Verrucous Carcinoma	2	74	Silver-white lesion	Yes (bilateral)	No	Total vulvectomy with bilateral inguinal lymph node dissection + Radiotherapy	Complete remission
		34	White sclerotic lesion	Yes (bilateral)	No	Total vulvectomy with bilateral inguinal lymph node dissection	Complete remission
Bowen's disease	2	86	Hyperpigmented erythematous lesion	No	No	Total vulvectomy	Complete remission
		41	Ulcerative erythematous lesion	No	No	Large excision with gracilis myocutaneous flaps reconstruction	Complete remission
Melanoma	1	48	Dark-black macule	No	No	Partial left vulvectomy with sentinel lymph node biopsy	Local recurrence after 5 years
Myxoid Sarcoma	1	31	Ulcerative lesion	Yes (unilateral)	No	Partial right vulvectomy with unilateral inguinal lymph node dissection	Complete remission

Conclusion Vulvar malignancies are uncommon the diagnosis depends on histological examination. Management of vulvar neoplasms depends on histopathologic type and ranges from wedge resection with or without lymph node biopsy or dissection, to radiation therapy with chemo- or immunotherapy. Overall survival varies by diagnosis.

Disclosures None

#1002 COMPARATIVE EVALUATION OF CK19 EXPRESSION IN VULVAR CARCINOMA AND SENTINEL LYMPH NODE METASTASIS, TO DETERMINE A CUT-OFF POINT FOR THE APPLICATION OF ONE-STEP NUCLEIC ACID AMPLIFICATION

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Introduction/Background Analysis of sentinel lymph nodes (SLN) by means of One-Step Nucleic Acid Amplification (OSNA) is a quick and accurate method. This assay detects the expression level of cytokeratin 19 (CK19) which is present in 57.9% of vulvar carcinoma with different pattern of expression. We compare CK19 expression in vulvar carcinoma biopsies and corresponding SLN metastases, in order to detect false negatives in OSNA analysis and determine a cut-off point

Methodology Ck19 was studied in paraffin tissues of SLN with metastatic infiltration of squamous carcinomas and in their corresponding vulvar biopsies between 2016 and 2022 in Donostia Hospital.

SLNB was carried out in 21 patients, 6 of them tested positive for metastatic squamous cell carcinoma. 1 of these cases, is also included in the OSNA validation study on vulvar carcinomas. In one case, It has not been possible to study the percentage of CK19 in the biopsy, neither in two SLNs.

Results CK19 expression found in biopsies range between negative to 95% of positivity, not exceeding 20% in 4 of them. In SLNs they range between negative and 95%, being half of positivities greater than 30% (40–95%).

Correlation has been found in 2 cases: One with low expression in biopsy as in the SLN metastasis and another with high expression in biopsy and SLN metastasis. In a third one, there is greater positivity for CK19 in SLNs than in biopsy.

Conclusion Although it might seem there is correlation between biopsy and SLN, the study alone of CK19 in SLN under diagnose the tumor in most cases, except in diffuse positivity. In those cases where expression is maintained in SLN, correlation with OSNA technique was demonstrated.

Diffuse expression in biopsy would be required in order to perform SLN study with OSNA to avoid under diagnosed metastases, especially micro metastases. More cases are needed to obtain more accurate data.

Disclosures NONE

#1035 CANCER OF THE VULVA: CLINICAL AND OUTCOME ASPECTS ABOUT FIFTEEN CASES

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Introduction/Background Vulvar cancer is rare. Its incidence is around one case per 100,000 women. It is a squamous cell carcinoma in more than 90% of cases. Our study aims to analyze the clinical and outcome aspects of vulvar cancers.

Methodology This was a descriptive and retrospective study over five years. We included all patients admitted with vulvar cancers. We collected and analyzed medical data and