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 (pPR), 14 (25.5%) had stable disease or progression (SD/PD). Twenty (36.4%) patients had following radical surgery (cCR=2, pPR=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 pPR, 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.

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.

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

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

Efluş Yükselkaya*, Ulaş Çaban, İbrahim Yalçın. Samsun Onkoloji Majes Üniversitesi, Samsun, Turkey

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 Mayısu 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.

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

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

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 post-operative 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

Nayssem Khessairi*, Saida Sakhri, Ons Krimi, Haren Bouaziz, Lamia Najia, Maher Slimane, Tarek Ben Dhiab. Surgical department, Salah Azaiez Institute, Tunis, Tunisia

10.1136/ijgc-2023-ESGO.837

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

<table>
<thead>
<tr>
<th>Biological type</th>
<th>No. of patients</th>
<th>Age (years)</th>
<th>Clinical presentation</th>
<th>Inguinal lymph node</th>
<th>Distant metastases</th>
<th>Treatment</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paget's disease</td>
<td>3</td>
<td>60–70</td>
<td>Ulcerative lesion</td>
<td>Na</td>
<td>No</td>
<td>Total resection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>60–70</td>
<td>Ulcerative lesion</td>
<td>Na</td>
<td>No</td>
<td>Right partial resection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>60–70</td>
<td>Ulcerative lesion</td>
<td>Yes (bulging)</td>
<td>No</td>
<td>Total resection with bilateral inguinal lymph node dissection</td>
<td>Locoregional recurrence after 4 years</td>
</tr>
<tr>
<td>Vaginal Cancer</td>
<td>2</td>
<td>50–60</td>
<td>Ulcerative lesion</td>
<td>Yes (bulging)</td>
<td>No</td>
<td>Total resection with bilateral inguinal lymph node dissection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>50–60</td>
<td>White scarioffen lesion</td>
<td>Yes (bulging)</td>
<td>No</td>
<td>Total resection with bilateral inguinal lymph node dissection</td>
<td>Complete remission</td>
</tr>
<tr>
<td>Bowen's disease</td>
<td>2</td>
<td>60–70</td>
<td>Hyperplastic epithelium</td>
<td>Na</td>
<td>No</td>
<td>Total resection</td>
<td>Complete remission</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>60–70</td>
<td>Ulcerative epithelium</td>
<td>Na</td>
<td>No</td>
<td>Total resection with bilateral inguinal lymph node dissection</td>
<td>Complete remission</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1</td>
<td>40–60</td>
<td>Nodular melanoma</td>
<td>Yes (infiltrated)</td>
<td>No</td>
<td>Partial left radical resection with neoadjuvant lymph node dissection</td>
<td>Local recurrence after 7 years</td>
</tr>
<tr>
<td>Myxoid sarcoma</td>
<td>1</td>
<td>30–50</td>
<td>Ulcerative lesion</td>
<td>Yes (infiltrated)</td>
<td>No</td>
<td>Partial right radical resection with bilateral inguinal lymph node dissection</td>
<td>Complete remission</td>
</tr>
</tbody>
</table>

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

Arantxa Lekuona, Marta Rezola, Maria Camilo, Ruben Ruiz, Manuel Moreno, Paloma Cobas, Iraide Bernal, Mikel Gorostidi, Miguel Angel Resano, Juan Cespedes, Irene Ruiz, Ibon Jaunarena*. Donostia Hospital, San Sebastián, Spain

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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

Madjouline Zammar*, Sidi Mohamed Ben Abdellah University of Fez, Faculty of Medicine, Pharmacy and Dentistry., Fez, Morocco

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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 correlation with OSNA technique was demonstrated.