

Conclusion we aimed to discuss tips of laparoscopic pelvic exenteration.

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#856

ROB-GND: SURGICAL TIPS AND MODIFICATIONS IN TECHNIQUE TO IMPROVE PROBLEMS ENCOUNTERED DURING THE LEARNING CURVE FOR ROBOTIC INGUINOFEMORAL GROIN NODE DISSECTION FOR EARLY STAGE VULVAR CANCER

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Introduction/Background Modifications in Techniques to identify thigh muscles accurately during surgery to improve problems encountered during robotic groin node dissection (Rob-GND)

Methodology Identification of muscles in the anterior upper half of the thigh is of paramount importance for approaching femoral triangle. In open surgery, the incision and landmarks for identifying sartorius are fairly easy in upper third of thigh. Traditional port placement during Rob-GND described so far and practiced is at the junction of middle and lower third of thigh. However Sartorius and Vastus medialis are almost in the same spot in the middle third of the thigh leading to potential muscle miss. Problems encountered in the initial learning curve of Rob-GND with regards to anatomical muscle miss was addressed by rearranging the position of the ports and bringing them higher up around one index finger length below the apex of the femoral triangle. The initial port placement is done with blunt dissection of the space with index finger reaching the apex of the triangle, then the rest of the ports are introduced. So, the dissection starts from apex which helps in identifying sartorius accurately all the time. A 30 degree telescope helps in visualising the apex of the triangle better to remove the nodal tissue enbloc at completion of surgery as the camera is too close to the apex with this technique.

Results Improved techniques led to easy identification of sartorius and standardization of the procedure.

Conclusion Rob-GND is still a novel technique and is being evaluated. Adjustments and improvements in surgical techniques further will help in standardising the procedure for all surgeons in the learning curve.

Disclosures This surgical video was presented at IGCS Conference 2019

#860

LAPAROSCOPIC ASSISTED INFRALEVATOR POSTERIOR EXENTERATION WITH VULVOVAGINAL RECONSTRUCTION

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Introduction/Background Recurrent cervical cancer following surgery and pelvic radiotherapy is a complex disease to treat. It is also difficult to differentiate field change cancers of the lower genital tract from recurrent cervical cancer. Exenterative

surgery is commonly indicated for central recurrences with no involvement of pelvic side wall structures or lymph nodes as complete resection is feasible with better oncological outcomes. We present a surgical film of a unique case who developed disease (? recurrent/field change cancer) on the vulva with extension to posterior vagina and anal mucosa.

Methodology A 50 year old lady presented with a malignant growth on the vulva extending to lower vagina and anal canal. She did not have lateral side wall disease or lymph nodal involvement or distant metastasis. She had undergone non radical hysterectomy for an undiagnosed cervical cancer and had received adjuvant pelvic radiation elsewhere 12 months prior to referral to our hospital. We performed Laparoscopic Assisted Infralevator Posterior Exenteration with Vulvovaginal Reconstruction using gluteal V-Y advancement flaps.

Results Her postoperative recovery was uneventful.

Histopathology confirmed squamous cell cancer and margins of resection were free of tumor. Two suspicious sub-centimeter nodules in the pelvic peritoneum was positive for tumor for which she received adjuvant chemotherapy.

Conclusion Laparoscopic Assisted Infralevator Posterior Exenteration with Vulvovaginal reconstruction even though a complex procedure facilitates early postoperative recovery and timely administration of adjuvant therapy when indicated.

Disclosures This surgical video was presented at IGCS Conference 2020

#1000

VIDEO-ENDOSCOPIC INGUINAL SENTINEL LYMPH NODE BIOPSY WITH INDOCYANINE GREEN IN VULVAR CANCER

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Introduction/Background The standard surgical treatment of vulvar carcinoma < 4 cm in size without clinical or radiological suspicion of lymph node metastases consists of resection of the vulvar tumor with negative margins with mono- or bilateral sentinel lymph node biopsy performed by inguinal incision. The inguinal approach to inguinal lymph node staging is associated with a high rate of post-operative complications such as wound dehiscence, lymphocele, lymphedema, infections, and psychosexual impairment.

Methodology In this video, we present the case of an 83 years-old patient with 2 cm central anterior vulvar squamous carcinoma and in which inguinal sentinel lymph node biopsy was performed with an innovative video-endoscopic approach using indocyanine green. The surgery was carried out in an Italian Comprehensive Cancer Center.

Results The vulvar-vaginal examination under general anaesthesia reported an central anterior vulvar lesion of 2 cm. Indocyanine green (2.5 mg) was injected all around the tumor mass. After placement of a 15mm main trocar distal to the apex of the femoral triangle and two accessory trocars, the procedure began developing the anterior working space. Then, we performed a blunt dissection developed up to the inguinal ligament. The lymphatic tissue was identified from the fascia lata with a combination of blunt and sharp dissection up to

the fossa ovalis. Sentinel lymph node was visualized with fluorescence near-infrared detection and then resected.

Conclusion We believe that this approach to inguinal sentinel lymph node identification and excision may be associated with a reduction in incision-related postoperative complications without compromising the ability to effectively identify any lymph node metastases that impact post-operative management and patient prognosis. Prospective randomized clinical trials are needed to clarify whether this type of procedure will replace the inguinal approach to inguinal sentinel lymph node biopsy as the standard technique in the surgical treatment of vulvar carcinoma.

Disclosures None

Poster/ePoster Sessions

01. Cervical cancer

#15 BONE MARROW TOXICITY IN PELVIC CHEMORADIATION

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Introduction/Background Cervical cancer is the 4th most common cancer in women with most of them needing pelvic chemoradiation. This study compared bone marrow sparing intensity modulated radiotherapy (BMS-IMRT) with bone marrow sparing IMRT arc therapy (BMS-Rapid Arc) in reducing grade 2 or higher hematological toxicity in cervical cancer patients treated with concurrent chemoradiotherapy.

Methodology 24 cervix cancer patients with stage Ib2-IIIb were equally divided between BMS-IMRT group and BMS-Rapid Arc group. All patients received external beam radiation of 50 Gy in 25 fractions with concurrent weekly cisplatin. Baseline hematologic parameters were evaluated before radiation and every week during external beam radiation. The endpoint of the trial was grade 2 or higher acute hematological toxicity, measured by CTCAE version 5.0

Results 24 patients were enrolled with 12 patients in each group. Both groups had witnessed 50% (6 out of 12) chance of developing grade 2 or higher hematological toxicity. Mean bone marrow dose was 26.9 Gy in BMS-IMRT group and 26.1 Gy in BMS-Rapid Arc group.

Conclusion The risk of developing grade 2 or higher acute hematological toxicity in cancer cervix patients undergoing chemoradiation remains similar in both BMS-IMRT and BMS-Rapid Arc groups. However, mean bone marrow dose achieved in BMS-Rapid Arc plan is lower compared to BMS-IMRT. The other important point, cisplatin also contributes to hematological toxicity.

Disclosures None

#19 THE OUTCOME OF LOCALLY ADVANCED CERVICAL CANCER IN PATIENTS TREATED WITH NEOADJUVANT CHEMOTHERAPY FOLLOWED BY RADICAL HYSTERECTOMY AND PRIMARY SURGERY

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Introduction/Background Background: In recent years, before radical hysterectomy, neoadjuvant chemotherapy (NACT) has been administered to patients with locally advanced cervical cancer to shrink large tumors. It has been reported that this treatment significantly reduces the need for radiotherapy after surgery. The current study aimed to assess the outcome (survival, recurrence, and the need for adjuvant radiotherapy) of locally advanced cervical cancer in patients treated with NACT followed by radical hysterectomy and primary surgery.

Methodology Background: In recent years, before radical hysterectomy, neoadjuvant chemotherapy (NACT) has been administered to patients with locally advanced cervical cancer to shrink large tumors. It has been reported that this treatment significantly reduces the need for radiotherapy after surgery. The current study aimed to assess the outcome (survival, recurrence, and the need for adjuvant radiotherapy) of locally advanced cervical cancer in patients treated with NACT followed by radical hysterectomy and primary surgery.

Results The median for overall survival time in group A and B was 113.65 and 112.88 months, respectively (P=0.970). There was no recurrence among patients with stage IB2 cervical cancer in group B, while the recurrence rate in group A was 19.5% with a median recurrence time of 59.13 months. Lymph node involvement was the only factor that affected patients' survival. The need for postoperative adjuvant radiotherapy in group B was lower than in group A (P=0.002).

Disclosures Conclusion: NACT before the hysterectomy was found to reduce the need for postoperative radiotherapy in patients with locally advanced cervical cancer according to disease stages. As a direct result, adverse side effects and the recurrence rate were reduced, and the overall survival rate of patients with stage IIB cervical cancer was increased.

#23 EVALUATION OF THE RELATIONSHIP BETWEEN GENETIC VARIANTS OF FCGR3A AND ABCB1 GENE WITH THE RISK OF CERVICAL CANCER

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Introduction/Background Cervical cancer (CC) is among the most common diagnosed cancer. Several genetic variants have been identified in ABCB1(RA1128503) region with the risk of developing several cancers. Here we explored the association of RS1128503 genetic variant in patients with cervical cancer.

Methodology Data in computer-based patient dossiers of MUMS were used to identify cervical cancer patients, between 2014 to 2018. DNAs were extracted and genotyping was performed by TaqMan real-time PCR. Logistic regression was used to assess the association between CC risk and genotypes.

Results Our data has been shown that the genotype frequency for rs1128503 of GG, AG and AA were 21.5, 62.7 and 15.6 in patient group while these values were 14.6, 52.8 and 14.6 in healthy group, respectively. The distribution of genotype frequencies of polymorphism, was in Hardy-Weinberg equilibrium (HWE) (P>0.05) with MAF of 0.2. Our data showed patients with CC genotype was associated with the increased risk of developing cervical cancer (e.g., recessive genetic