Methods Retrospective analysis was performed on 606 GTN patients with pulmonary metastasis who received standardized chemotherapy as initial treatment in Peking Union Medical College Hospital (PUMCH) from January 2002 to December 2018. The patients were divided into the surgery (51 patients) and non-surgery groups (555 patients). The prognosis of these patients was compared. Risk factors affecting recurrence were analyzed to explore the effect of pulmonary resection.
Results Among low-risk patients, CR rate is 100% and recurrence rate is below 1% in both groups .Among high-risk patients, CR rate and recurrence rate are 93.5% and 10.3% in the surgery group and 94.7% and 14.3% in the non-surgery group, respectively.There was no significant difference in all prognosis features between the two groups.(all with $P>0.05$). No significant difference was found in recurrence rates considering the recurrence risk factors($\geq$3.2 cm residual lung lesions; FIGO score$\geq$9.0;drug resistance) between the two groups (all with $P>0.05$).
Conclusion/Implications After standardized chemotherapy, pulmonary resection is not necessary for initially treated stage III GTN patients whose blood β-hCG drop to normal levels and residual lung lesions remain stable . These patients should be closely monitored during the follow-up regardless of the size of residual lung lesions or high/low risk score, especially within 1 year after CR.

EP413/#15 **A CASE SERIES OF EIGHT PATIENTS WITH GESTATIONAL TROPHOBLASTIC NEOPLASIA: CLINICAL AND BIOLOGICAL CHARACTERISTICS AND OUTCOME**

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Introduction Gestational trophoblastic neoplasia (GTN) are a rare group of tumors that arise from the placental villous
Methods We report the presenting features, treatment, and outcomes of patients diagnosed to have GTN over a nine-year period in a single institution. Patients diagnosed to have hydatidiform mole were excluded
Results Between 2013 and 2022, a total of 8 patients were diagnosed to have GTN. Median age was 37 (26–52) years. One patient was diagnosed to have metastatic disease 2 years after menopause. Six patients presented with vaginal bleeding, and one each with dyspnea and headache. Three patients had an antecedent history of hydatidiform mole, while 4 patients had antecedent full-term pregnancy. One patient presented with CNS metastasis, while one had co-incidental atypical meningioma. 05 patients presented with pulmonary metastasis. Splenic artery embolization was employed in one patient to arrest spontaneous retro-peritoneal bleed. Pre-treatment human chorionic gonadotropin (β-HCG) ranged between 4,300 to 1.29×10^6 IU/L. According to the FIGO criteria, six patients had high risk disease. These patients received either EMA/CO (etoposide, methotrexate and actinomycin, oncovin cyclophosphamide) (4 patients), or BEP (2 patients). One patient required hysterectomy. Median time to response was 6.8 (04 to 12) weeks. Treatment was continued for 06 weeks after serological remission. All patients are in continuous complete remission
Conclusion/Implications The prevalence of GTN among Omani population is unknown and there is need to collect and report data on consecutive patients. Standard-of-care treatment ensures an excellent prognosis.

AS22. Vulvar and vaginal cancer

EP414/#1443 **TREATMENT OUTCOME IN PATIENTS WITH VULVAR CANCER: AN INSTITUTIONAL EXPERIENCE IN BANGLADESH**

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Introduction
Objective This study evaluated the risk factors, clinical presentation and different modalities of treatment and survival outcome of vulvar cancer patients.
Methods Method: This was a cohort study of 76 cases diagnosed as vulvar cancer in National Institute of Cancer Research & Hospital from July 2015 to June 2020. Risk factors, stage of disease, treatment modalities, disease outcomes and survival were analyzed. Kaplan-Meier curve was used to determine the predictors for progression free survival and overall survival.
Results Mean age of the patients was 54.5 years and 52.6% patients were below 40 years. The percentages of the patients with FIGO stage I, II, III and IV were 14.5%, 34.2%, 28.9%, and 7.9% respectively. About 68% had positive inguinal nodes and 20 (26.3%) were HPV positive. Squamous cell carcinoma (81.6%) was the predominant type. Equal number of patients (21, 27.6%) were treated by Wide Local Excision with Bilateral Groin Node Dissection (BGND) and by Radical Vulvectomy with BGND, 11 (14.5%) received CCRT. Forty-four patients (57.9%) were in irregular follow up. About 13% patients experienced local recurrence, 35 (46.1%) cured, 12 (15.8%) expired, 18 (23.7%) were alive with disease & rest were lost to follow up. Overall survival was 77.1 months. At the end of the five year 63.6, 38.2 and 9.09 percents of patients of Stage I, II and III were alive respectively.
Conclusion/Implications Vulvar cancer can occur below 40 years of age. Surgical treatment is the best option in the early stage of disease (Stage I and II) and gives high survival rates.

EP415/#186 **IS ROBOTIC-ASSISTED SURGERY A BETTER CHOICE IN VAGINECTOMY OF COMPLICATED VAGINAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS THAN CONVENTIONAL LAPAROSCOPIC SURGERY?**

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Introduction The aim of this study was to evaluate the operative outcomes of robotic-assisted laparoscopic vaginectomy (RALV) and conventional laparoscopic vaginectomy (CLV) for patients with complicated vaginal high-grade squamous intraepithelial lesions (HSIL).

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Methods an analysis of one hundred and nine patients with complicated vaginal HSIL (32 patients in the RALV group and 77 patients in the CLV group) who underwent minimally invasive vaginectomy was conducted retrospectively.
Results Compared with the CLV group, patients in the RALV group demonstrated less estimated blood loss, a lower rate of intraoperative complications and shorter durations of paralytic ileus time, urinary catheter indwelling time and postoperative hospitalization time (all P<0.05). However, the RALV group had significantly higher hospital costs than the CLV group (P<0.05). The total operative time, postoperative complications, positive surgical margins, pathology upgrading or treatment outcomes did not significantly differ between the two groups (all P>0.05).
Conclusion/Implications Our results demonstrated that both RALV and CLV can achieve satisfactory treatment outcomes, while RALV has the advantages of less intraoperative blood loss, fewer intraoperative complications and faster postoperative recovery. RALV has the potential to become a better choice for vaginectomy without regard to the burden of hospital costs.

EP416/#595

PREDICTIVE FACTORS OF LYMPH NODE INVOLVEMENT IN VULVAR CANCER

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Introduction The aim of this study was to identify histological factors associated to lymph node metastasis (LNM) in vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. We analyzed the clinical and histological factors correlated with LN invasion.
Results The mean age was 64.93± 13.817 years (range, 24–104 years). Surgery consisted on a radical vulvectomy, hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral 88.5% of cases.The mean tumor size was 42.21± 24.018 mm. Tumors were classified as stage FIGO I, II, III and IV in 55.2%, 9.4%, 32.8% and 2.6% of cases. Perineural invasion (PNI) and lymphovascular space invasion (LVSI) were detected in 13.5 and 2.7% of cases.LNM was assessed in 67 patients (34.9%) with bilateral groin metastasis in 24 cases (35.8%). On univariate analysis, LN invasion was significantly correlated to the age < 70 years (41.8 vs 26.2% in patients aged more than 70 years, p=0.027), the presence of LVSI(100% vs 39.8%, p=0.037) and PNI (80% vs 35.4%,p=0.001) and the tumor size exceeding 40 mm (45.8% vs 28.8%, p=0.017).On multivariate analysis, independent factors of LN metastasis were the presence of PNI (OR=0.298, 95% CI=0.174–0.686; p=0.001) and the tumor size (OR=0.199; 95%CI=0.021–0.379, p=0.029).
Conclusion/Implications Since LNM represent an independent prognostic factor for survival, a nomogram based on histological and clinical characteristics could lead to better detection of patients with a high risk of LN metastasis.

EP417/#599

PROGNOSTIC FACTORS OF SURVIVAL AND RECURRENCE IN VULVAR CANCER: A TUNISIAN RETROSPECTIVE STUDY OF 192 PATIENTS

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Introduction To identify the prognostic factors correlated to the overall survival (OS) and recurrence-free survival (RFS) in vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. Clinical, pathological, and evolutionary data were reported. Survival curves were generated by the Kaplan-Meier method and predictive factors of outcome were analyzed using Cox proportional hazards models.
Results The mean age was 64.93± 13.817 years. Surgery consisted of a radical vulvectomy, hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases followed by adjuvant radiotherapy in 38.5% of cases. Lymph node (LN) dissection was bilateral in 88.5% of cases. The mean tumor size was 42.21± 24.018 mm. LN metastasis was assessed in 67 patients (34.9%). Lymph node ratio LNR=0, LNR0–0.2, and LNR≥0.2 were recorded in respectively 64.7%,22.1%, and 13.2% of cases. Tumors were classified as stage FIGO I, II, III, and IV in 55.2%, 9.4%, 32.8%, and 2.6% of cases respectively. With a mean follow-up time of 35.48±35.48 months, the 5-year OS was 52.5% and the 5-year RFS was 55.8%. On multivariate analysis, the independent prognostic factor of OS was the LNR (HR=5.702; 95% CI= 2.282–14.245;p<0.0001), FIGO stage (HR=2.089; 95% CI=1.028–4.277;p=0.042) and free margins R0(HR=2.247; 95% CI=1.215–4.155;p=0.01). Recurrence was recorded in 37.5% of cases. Independent prognostic factor of RFS were the LNR (HR=2.911;95% CI=1.468–5.779;p=0.002),FIGO stage (HR=1.835;95% CI=1.071–3.141;p=0.027) and free margins (HR=2.091; 95% CI=1.286–3.999;p=0.003).
Conclusion/Implications LNR, FIGO stage, and complete resection were the independent prognostic factors of survival and recurrence in VC.

EP418/#626

WHAT IS THE IMPACT OF THE NUMBER OF RETRIEVED LYMPH NODE IN THE RECURRENCE FREE SURVIVAL OF VULVAR CANCER?

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Introduction To investigate the impact of the number of retrieved lymph nodes (NRLN) in the recurrence-free survival (RFS) of patients with vulvar cancer (VC).
Methods We retrospectively included 192 patients treated for VC at the Salah Azaiez Institute between 1994 and 2022. The

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