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

NRLN was stratified into 2 groups: NRLN <12 and NRLN ≥ 12. We analyzed the impact of the NRLN on RFS according to clinical and pathological factors.
Results The mean age was 64.93± 13.817 years (range, 24–104 years). Surgery consisted of a radical vulvectomy, hemivulvectoy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral in 88.5% of cases and the mean number of retrieved lymph LN was 14. LN metastasis (LNM) was assessed in 67 patients (34.9%). NRLN<12 and ≥12 were recorded in respectively 31.8% and 68.2% of cases. After a mean follow-up time of 35.48±35.48 months, the 5-year RFS in patients with NRLN<12 and NRLN≥12 was 38.2% and 64.9% respectively (p=0.092). The subgroup analysis revealed that a NRLN≥12 was significantly associated with a better 5 years RFS compared to NRLN<12 in stage pT1 (70.1% vs 38.9%, p=0.016), patients staged without LNM (81% vs 46.5%, p=0.032), patients with 3 or more LNM (33.6% vs 0%, p=0.027), in case of R0 resection (74.8% vs 36.6%, p=0.005) and in the absence of lymphovascular space invasion (64.9% vs 28.7%, p=0.046)
Conclusion/Implications The removal of more than 12 LN improves VC outcomes in patients with node-positive and negative disease, pT1 stage, and complete resection.

EP419/#629 PROGNOSTIC ANALYSIS OF FIGO STAGE I AND II OF VULVAR CANCER: A RETROSPECTIVE STUDY OF 123 CASES

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Introduction To identify clinical, pathological features and survival predictors of vulvar cancer in patients with no lymph node metastasis.
Methods A retrospective study of 123 patients who were diagnosed and treated for vulvar cancer staged I and II at the Salah Azaiez Institute of Oncology between 1994 and 2022
Results Mean age was 65.61±14.081 years (range, 30–104 years) and median follow-up was 37.84±40.221 months. Surgery was a radical vulvectomy,hemivulvectoy, and pelvic exenteration in respectively 96.7%, 2.4%, and 0.8% of cases. Inguinal Sentinel lymph node (LN) biopsy was performed in 10 cases (8.1%), bilateral inguinofemoral lymphadenectomy (ILND) in 101 cases (81.1%), and unilateral (ILND) in 14 cases (11.4%). The mean tumor size was 38.04±20.45 mm. Tumors were classified as stage pT1a, pT1b, pT2, and pT3 in respectively 4.9%, 81.3%,13%%, and 0.8% of cases. The 5 years overall survival was 64.2% and decreased with advanced age ≥ 70 years (45% vs 74% in patients younger than 70 years, p= 0.014) and with the presence of perineural invasion (PNI) (0% vs 70.7%, p=0.028). The 5-year recurrence-free survival was 65.8% and decreased with a number of retrieved LN less than 12 (0% vs 45.3% in case of 12 or more LN;p=0.001), and the presence of PNI (33.3% vs 71.4%, p=0.002). Moreover, the rate of recurrence increased with the pT stage (0%, 26%, and 52% respectively in stages pT1a, pT1b, and pT2–3;p=0.021).
Conclusion/Implications The survival of patients with stage I and II of vulvar cancer is correlated to the number of retrieved LN and the presence of PNI.

EP420/#482 PROGNOSTIC VALUE OF PERINEURAL INVASION IN VULVAR CANCER

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Introduction Perineural invasion (PNI) is considered a poor prognostic factor in various malignant tumors, however, its predictive value in vulvar (VC) cancer remains unclear. This study aimed to determine the prognostic significance of PNI in patients with VC.
Methods We retrospectively analyzed clinicopathological data on 192 patients with VC treated surgically at the Salah Azaiez Institute of Tunisia between 1994 and 2022.
Results The mean age was 64.93± 13.817 years (range, 24–104 years). Surgery consisted of a radical vulvectomy, hemi vulvectomy, and pelvic exenteration in respectively 96.4%, 2.1%, and 1.6% of cases. Lymph node (LN) dissection was bilateral in 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. LN metastasis was recorded in 34.9%. Perineural invasion (PNI) and lymphovascular space invasion (LVSI) were detected respectively in 13.5% (n=15) and 2.7% (n=3) of cases. The presence of PNI was associated with young age ≤50 years (46.7% vs 18.8%), advanced stage III-VI (80% vs 35.4%, p=0.001), stage LN metastasis (80% vs 35.4%, p=0.001) with a LN ratio≥0.2 (46.7% vs 12.5%, p=0.01) and bilateral groin metastasis (33.3% vs 13.5%, p=0.005), the presence of LVSI (20% vs 0%, p<0.0001, a decreased 5 years overall survival (OS) (12.8% vs 56.9%, p<0.0001) and decreased 5 years recurrence-free survival (RFS) (20.8% vs 60%, p=0.001).
Conclusion/Implications The presence of PNI in vulvar cancer is correlated to aggressive tumors and decreased OS and RFS

EP421/#895 CHEMORADIATION FOR ADVANCED PRIMARY VULVAR CANCER – A RETROSPECTIVE SINGLE INSTITUTION ANALYSIS

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Introduction Patients with advanced vulvar cancer that are considered inoperable can be cured with (chemo)radiation. We present a single institution experience with treatment outcomes and factors associated with survival.
Methods A retrospective cohort study of patients with proven carcinoma of the vulva diagnosed from 2011 to 2020 at Oslo University Hospital (Norway) is presented. Data were collected from the hospital radiation registry and medical records.
Results A total of 45 patients with inoperable vulvar cancer were included. Median age at diagnosis was 75 years (range