**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 (*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.

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**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, hemivulvectomy, 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, LN0–0.2, and LN1–0.2 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 (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.

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**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, hemivulvectomv, 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 and NRLN≥12 was 35.48±35.48 months, the 5-year RFS in patients with pT2 was 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.

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**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 Azaiz 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, hemivulvectomv, 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 (LVS1) 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 LVS1 (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.