Forty-four patients were diagnosed with squamous cell carcinoma, one patient had adenocarcinoma. Equal number of cases belonged to stage II and III (40% each) of the FIGO 2021 classification. Fourteen patients (31.1%) had verified lymph node metastases. Fourteen patients also received cisplatin. Thirty-one patients (68.9%) received external beam radiotherapy only, the remaining received a combination of external beam and brachytherapy. Median total tumor dose (EQD2) was 70.1 Gy (range 58.9–80.6). Thirty-three patients presented with ECOG 0–1 at start of radiotherapy, the remaining 12 had ECOG 2. Twenty-one patients (46.7%) experienced recurrence of the cancer, of these 19 recurred in the vulvar region. Median time to progression was 6.0 months. Median overall survival for the whole cohort was 35.0 months (range 1.9–139.3). ECOG 0–1, concomitant cisplatin and use of brachytherapy was significantly associated with improved survival.

Conclusion/Implications Carefully selected patients with good performance status can experience long-term survival after chemoradiation for vulvar cancer. Quality of life should be monitored in future prospective studies.

Introduction Extramammary Paget’s disease (EMPD) of the vulva is a rare form of intra epithelial adenocarcinoma, which is most common in postmenopausal women. The gold standard treatment for non-invasive EMPD vulva is wide local excision. Surgery is challenging in elderly women with multiple comorbidities. Imiquimod, a topical immune response modifier is a new treatment modality with encouraging results.

Methods Retrospective analysis Objective is to retrospectively investigate the efficacy of 5% imiquimod cream in patients with non-invasive vulvar Paget disease both primary and recurrent.

Current Trial Status Results IRB permission and individual consent for photo documentation was available for all patients. Data were available for 22 patients with complete clinical, histological and photo documentation. Thirteen patients (59%) were treated for primary EMPD, and 9 patients (44.4%) were treated for recurrent EMPD. A complete response was reported in 11 patients (50%), and 11 patients (50%) had a partial response. A histologic complete response was observed in 5 of the 11 patients with a complete response. Duration of use of imiquimod was 12 to 28 weeks. No systemic side effects noted in any patient. Local irritation was noted and documented in 6 patients. Lesion size was noted less than 8 cm in patients with complete clinical response. Extensive lesions extending to groin folds and perinium responded partially. Conclusion Topical 5% imiquimod cream can be an effective and safe treatment alternative for small volume non-invasive vulvar EMPD.

Introduction The primary objective was to determine the prognostic factors affecting progression-free and overall survival. The secondary objective was to determine the progression-free survival (PFS) and overall survival (OS) in vulvar cancer patients.

Methods We retrospectively reviewed the medical records of vulvar cancer patients at Siriraj Hospital between 2006 and 2020. Patient characteristics, surgical outcomes, pathological characteristics, and immunohistochemical (IHC) results: p16,
p53, and PD-L1 were analyzed to predict the survival outcomes.

**Results** Of 104 vulvar cancer patients, prognostic factors that significantly correlated with worsening PFS were coexisting vulvar lesions, such as sclerosis and extramammary Paget’s disease (p<0.008), positive lymphovascular invasion (LVSI) (p=0.011), positive pelvic or paraaortic node metastases (p=0.042), and positive p53 status (p=0.046). Tumor size over 4 cm in diameter was significantly associated with worsening OS (p=0.001). The median PFS was 26.3 months, and the median OS was 44.7 months. The patients with positive p16 and negative p53 IHC had significantly better PFS and OS, p=0.004 and 0.025, respectively.

**Conclusion/Implications** Coexisting vulvar lesions, LVSI status, pelvic or paraaortic node metastases, and p53 status significantly affect PFS in vulvar cancer patients. Tumor size over 4 cm is negatively associated with OS.

**ePoster Viewing: Trials-in-Progress**

**AS03. Cervical cancer**

**TP003/#1557**

**MULTICENTRIC INTERNATIONAL IMAGING STUDY TO COMPARE THE DIAGNOSTIC ACCURACY OF ULTRASOUND, DW/MRI AND PET/CT IN PREOPERATIVE ASSESSMENT OF LYMPH NODE STATUS IN CERVICAL CANCER (CANNES)**

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**Introduction** The objective of this study is to compare the overall accuracy of US, PET/CT and DW/MRI in preoperative assessment of lymph nodes (LNs) in cervical cancer. Primary end-point is the overall accuracy of imaging in detection of pelvic LN macrometastases and to prove non-inferiority of US to other methods. Main secondary end-points include overall accuracy in detection of pelvic macro- and/or micrometastases (pN1) and paraaortic LN involvement.

**Methods** All patients with histopathologically verified cervical cancer and eligible for surgery (minimally systematic PLND, PLN sampling/debulkling or SLN biopsy) will be enrolled. Key exclusion criteria include FIGO stage IVA and IVB. Each patient will undergo three imaging methods performed by dedicated operators following standardized protocols within 6 weeks before surgery. Imaging will be conducted independently and blinded but surgeons will have all reports available as navigation. The surgical procedures will be done in line with institutional guidelines but all radiologically positive LNs must be removed. The final histopathological examination will be a primary reference standard and diagnostic performance of imaging will be assessed per patient and per site. If LNs are preoperatively classified as certainly or probably infiltrated but histopathological examination including ultrasonography is negative, imaging will be repeated after surgery. If radiologically positive LNs persist, it will be considered a secondary reference standard.

**Current Trial Status** The aimed number of patients is 91. There are 3 contributing centers (Prague, Rome, Madrid). The first patient was enrolled in January/2021 and the last one is expected in December/2023. The final analysis with outcomes is planned in 2024.

**TP002/#1431**

**MULTICENTRIC INTERNATIONAL IMAGING STUDY TO COMPARE THE DIAGNOSTIC ACCURACY OF ULTRASOUND, DW/MRI AND PET/CT IN PREOPERATIVE ASSESSMENT OF LYMPH NODE STATUS IN CERVICAL CANCER (CANNES)**

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**Introduction** BVAC-C, a novel B cell- and monocyte-based immunotherapeutic vaccine transfected with recombinant HPV E6/E7, exhibited favorable tolerability in the phase I study of recurrent cervical carcinoma. This ongoing clinical trial aims to assess the potential synergistic effect of BVAC-C and durvalumab (MEDI4736) in enhancing anti-tumor immune responses. The trial focuses on patients with HPV 16 or 18 positive cervical cancer that is recurrent after or refractory to first-line platinum-based chemotherapy +/- bevacizumab.

**Methods** The trial is divided into two phases. In Part A, a 3 +3 dose-escalation design investigates BVAC-C combined with 1500 mg durvalumab to establish the maximum tolerated dose (MTD) and recommended phase 2 dose. After determining the phase 2 dose, Part B proceeds with a phase 2 expansion involving up to 25 patients. The evaluation in Part B centers on both safety and clinical efficacy, as gauged by the 6-month progression-free survival (PFS) rate. Tumor response evaluation adheres to RECIST 1.1 criteria and iRECIST. Exploratory study: In addition to evaluating clinical outcomes, an exploratory study is ongoing to identify potential biomarkers, including PD-L1 expression, tumor mutational burden (TMB), and HLA typing. These assessments are conducted using tumor samples and blood specimens.

**Current Trial Status** Enrolment for Part A commenced in September 2021 across six Korean centers. Part A, encompassing 9 patients, concluded in June 2022. Currently, Part B is actively enrolling patients with 15 participants enrolled so far.