**Methodology** Women with VIN I-III confirmed on vulval biopsy were consented prior to surgery for the use of Plasmajet®. All procedures were performed under general anaesthetic by/under supervision of the lead consultant. Power settings used were per manufacturer's instructions. Patients were seen two weeks post-operatively then every 3–6 months.

A retrospective audit was undertaken between September 2014 to/including September 2022 in a tertiary gynaecological oncology centre. Women with histological diagnosis of VIN I-III were included and data was collected on; demographics, BMI, comorbidities, regular medications, smoking, HPV status, smear results, treatment duration, and outcome.

**Results** Patients lost to follow-up, who transferred care, or died from unrelated causes, were excluded. 48 women received a total of 131 Plasmajet® treatments (1–7), with a complication rate of 6.87% (Grade I-III). Median duration from first treatment to disease progression was 18 months (10–64), with progression seen in 16.67% (mortality 2.08%) of patients with VIN II-III. 10.42% of patients were discharged with 12.48% in active follow-up.

**Conclusion** The results from this study show Plasmajet® to be an effective treatment in minimising VIN II-III disease progression, with low rates of complication.

**Disclosures** Nil

## #668 EVALUATION OF VULVAR SQUAMOUS CELL AND GLANDULAR CELL CANCERS, RETROSPECTIVE MULTICENTER STUDY

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**Introduction/Background** Carcinoma vulva is a rare disease accounting for 1.3% of all gynecological malignancies. The aim of the present study is to analyze the clinicopathological characteristics of women with squamous and glandular cell carcinoma vulva who underwent primary surgical management.

**Methodology** A retrospective analysis was conducted on 649 patients who were treated for squamous and glandular cell carcinoma of the vulva at a multicenter in Turkey.

**Results** The mean age of patients was 63.2 ± 12.8 years. The most common location for the disease was lateral (55.5%) and then midline (39.6%) and bilateral (0.6%). The surgical treatments for the primary tumor region were radical vulvectomy (80.1%) and simple vulvectomy (19.9%). The surgical margin was negative in 469 (72.3%) patients. The procedure of unilateral or bilateral inguinofemoral lymphadenectomy underwent respectively 77 (11.9%) and 453 (69.8%) patients. The mean number of lymph nodes dissected was 12.8 ± 7.2. The number of patients with lymph node metastasis was 247 (44.5%). Three hundred and eighty-eight cases were in FIGO stage I-II and 234 cases were in stage III. Postoperative adjuvant radiotherapy or chemoradiotherapy were required respectively for 165 (25.4%) and 141 (21.7%) patients. Recurrence developed in one hundred and seventy-three (26.7%) patients. Of these, 100 (15.4%) were local, 54 (8.3%) were inguinal lymph nodes, and 19 (2.9%) were multiple and/or distant. It was determined that the tumor size was larger (P= 0.017) and lymph node involvement was higher (P< 0.001) in those who developed recurrence. Also, it was detected that surgical margin status and histological subtype was effect statistically significant the recurrence rate.

**Conclusion** For patients with squamous and glandular cell carcinoma of the vulva, a surgical operation is the primary. Most important factors effecting recurrence are related to surgical quality.

**Disclosures** There is no potential conflict of interest (e.g., grant support, consultancy, membership on advisory councils, speaker's bureau) and source of funding.

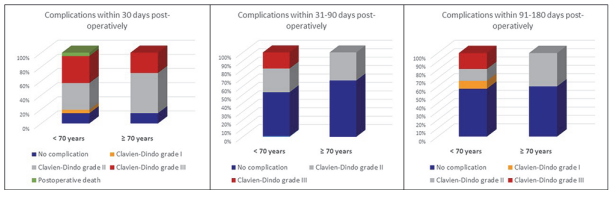
## #738 PELVIC EXENTERATION IN VULVAR CANCER: POSTOPERATIVE COMPLICATIONS AND SURVIVAL

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**Introduction/Background** Pelvic exenteration (PE) may be the only curative treatment option in locally advanced primary or recurrent vulvar cancer (VC), a rare disease mainly affecting elderly women. For this reason, surgeons may be reluctant to perform (PE) when indicated. Data on morbidity and mortality after PE in VC is limited. Our objective was to examine postoperative outcomes after PE in women with VC.

**Methodology** This descriptive, observational study included all consecutive women with primary or recurrent vulvar cancer treated by PE between 2000 and 2022 at Karolinska University Hospital, Stockholm, Sweden. Data were extracted from hospital records. Postoperative complications were categorized according to the Clavien-Dindo classification (CDC) and stratified by age (<70 and ≥70 years). Survival was graphically displayed as Kaplan-Meier curves and differences in survival times by treatment at the recurrent or primary setting tested with the log-rank test.




**Abstract #738 Figure 1** Distribution of complications according to the Clavien-Dindo classification for women <70 and =70 years of age. (A) Within 30 days post-operatively, (B) Within 31–90 days post-operatively, (C) Within 91–180 days post-operatively.

**Results** Twenty-eight women with a median age of 65 years were identified. Posterior PE was most prevalent (43%, n=12) followed by anterior (32%, n=9) and total (25%, n=7) PE. Within 30 days after surgery, 82% (n=23) developed at least one complication, of these 36% (n=10) were CDC grade III, predominantly comprising infections. The 30-day mortality was 4% (n=1). There were no distributional differences in postoperative complications by age. After a median follow up



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