

## PROGNOSIS FACTORS IN PATIENTS WITH LOCALLY ADVANCED VULVAR CANCER TREATED WITH SURGERY WITH OR WITHOUT RADIOTHERAPY

Gomes Ferreira M (ES) [1], . P S (ES) [2], . J A (ES) [3], . Á G (ES) [4], . S G (ES) [5], Bravo T R (ES) [6], . D B (ES) [7], Iglesias Á G (ES) [8]

Vulvar cancer is rare, occupying 5% of cancers of the female genital tract. There still have a lot of lacks about the prognosis factors in the treatment of locally advanced vulvar cancer.

The aim of the study was to evaluate the main prognostic factors in the effectiveness of combination of surgery and radiotherapy in the treatment of locally advanced vulvar cancer.

Methods, patients and intervention:

Seventy-three cases treated with surgery plus radiotherapy were retrospective analyzed. Descriptive analysis was perfomed and overall survival (OS) was calculated using the Kaplan-Meier for age, location, the type of growth tumor, size and lymph node affection, in five post-treatment years. Radical vulvectomy guided by TC 99 and blue isosulfan was performed. If inguinal nodes were positive external radiotherapy was applied to the vulvar area.

Results:

The most frequent location of the lesions was in the labia majora (43.83%, in the right) followed by the clitoris (28.76%). The third stage was the predominant (89.04%). Undifferentiated carcinoma was the most frequent (79.45%). Endophytic growth tumors recurred more frequently than exophytic growth. Lymph node was positive in 98.3%. Regarding the adverse effects, we find suture dehiscence (13.5%) and radiodermitis (mild in 12% and severe in 7.3%). The 5-years OS rate was 51%. Conclusions:

The tumor recurrence was more frequent two years after the treatment. The worst prognosis factors in locally advanced vulvar cancer treated with surgery plus radiotherapy are the age, clitoris location, endophytic growth tumors and bilateral lymph node affection.

[1] University Clinic Hospital of Salamanca, [2] University Clinic Hospital of Salamanca, [3] University Clinic Hospital of Salamanca, [4] University Clinic Hospital of Salamanca, [5] ., [6] University Clinic Hospital of Salamanca, [7] ., [8] University Clinic Hospital of Salamanca

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