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HIGH INCIDENCE AND COMPARABLE SURVIVAL OF GYNECOLOGIC SARCOMAS IN ISRAELI POPULATION; COMPARISON TO NATIONAL EUROPEAN AND USA REPORTS

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Objectives Survival reports of gynecologic sarcomas are limited. The aim of this study is to explore the incidence and outcome of gynecologic sarcomas in different time periods in Israel and to compare to other national reports.

Methods Records of gynecologic sarcomas diagnosed between 1980–2014 were extracted from the National Israeli Cancer Registry. Sarcomas were characterized with respect to anatomical site, morphology and demographic variables. Age-standardized incidence rates (ASRs) and 1,3,5 and 10 –year relative survival rates were calculated for 3 time periods (1980–1994, 1995–2004 and 2005–2014) according to age, stage and years of diagnosis.

Results 1271 new gynecologic sarcomas were diagnosed in Israel during 1980–2014, with incidence slightly increasing between 1980–2004 years up to ASR of 13 per million females. Incidence was highest in women 45–65 years old. The most common histologic diagnosis was leiomyosarcoma (48%) and most common anatomical site was uterus (89%). The ASR for uterine sarcoma is higher in Israel compared to USA, England and Germany, 10.55, 9.2, 7.4, 5.8 per million, respectively. The 5 years' overall survival is significantly worse in elderly patients (>70yo) compared to younger patients ($P<0.001$) and in patients with leiomyosarcoma (LMS) compared to endometrial stromal sarcoma (ESS) ($p<0.001$). The survival rates in patients with LMS in Israel are comparable to other national reports, although are substantially lower in Israeli patients with ESS. There was no significant difference between Jewish and Non-Jewish population.

Conclusions Israeli statistics is comparable with global statistics regarding histologic and anatomical variations but the incidence in Israel seems higher than in European population.

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UTERINE SARCOMA: PATIENTS PROFILE ASSISTED AT HOSPITAL SANTA MARCELINA, SÃO PAULO – FROM 2001 TO 2017

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Objectives Represent the epidemiological profile of patients, with diagnosis of sarcoma, that are assisted at a public service of são paulo.

Methods Electronic chart review of 45 patients followed at the oncology gynecology of santa marcelina hospital between january 2001 to september 2017.

Results Were attended patients aged between 32 to 84 years (mean: 56,6 years). Vaginal bleeding was the most common symptom in 71,1% of cases, followed by pain with 28,8%. The majority of patients were submitted to surgery 80% of the cases, with adjuvant therapy in 80% (31 of 36) of the sample. The prevalent histological types: leiomyosarcoma in 51,1% of the cases; undifferentiated sarcoma in 22,2%; endometrial stromal sarcoma in 20% and adenosarcoma in 6,6%. Among the submitted to surgery, 52,8% relapsed, with similar rates (25 - 27,7%) between local and distant recurrence (most common: lungs), with a 66,6% death rate.

Conclusions Uterine sarcomas represent 3 to 8% of malignant uterine neoplasms. It is known for your aggressive behavior, poor prognosis, with high rates of local and distant recurrence. The age range of patients equals the findings of bibliographic reference centers, around 55 years old, postmenopausal vaginal bleeding is the main symptom. The histopathological profile equates the reference on leiomyosarcomas, endometrial stromal sarcomas and adenosarcomas, and increased on the undifferentiated sarcoma outcomes (> 10%). Sarcomas are prone to hematogenous dissemination especially with pulmonary involvement. The recurrence rate is more than 50% of the cases found, as the pattern of the disease in the world literature.

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CLINICOPATHOLOGICAL FEATURES ASSOCIATED WITH IMMUNOHISTOCHEMISTRY LOSS OF MISMATCH REPAIR PROTEIN MLH1 IN ENDOMETRIOID ENDOMETRIAL CARCINOMA

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Objectives The aim of this study was to assess the association between DNA mismatch repair protein MLH1 status and classical prognostic factors in patients with endometrioid endometrial carcinoma.

Methods We studied 47 consecutive patients aged 37–88 (61.34 ± 10.52) with confirmed diagnosis of endometrial carcinoma of endometrioid type. The tumors were classified according the WHO 2014 criteria and graded using the FIGO system. The following pathological characteristics were analyzed: tumor size (mm), percentage of myometrial infiltration, presence of microcystic, elongated, and fragmented (MELF) pattern of myoinvasion, percentage of tumoral infiltrating lymphocytes (TILs), and lymph-vascular space invasion (LVS). Deficiency of MLH1 protein was defined as complete loss of nuclear expression within tumor cells in the presence of positive internal controls in lymphocytes and/or stroma. The chi-square test and the Mann-Whitney U test were used to compare the groups with and without MLH1 loss.