IGCS19-0237

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

[1]Y Brudner, [1]G Haran, [1]A Blecher, [2,3]BG Silverman, [1]M Hallak, [1]I Bruchim*. [1]Hillel Yaffe Medical Center- affiliated with the Technion- Israel Institute of Technology, Gynecologic Oncology Division- Department of Obstetrics and Gynecology, Hadera, Israel; [2]Israel Ministry of Health, Israel National Cancer Registry, Jerusalem, Israel; [3]Tel Aviv University, Sackler School of Medicine, Tel Aviv, Israel

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.

IGCS19-0582

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

V Canezin Galletto*, M Darc Cavalcante Brandão, T Gomes de Almeida, C Baltazar de Sousa, M Tavares e Silva. Hospital Santa Marcelina, Saúde da Mulher, São Paulo, Brazil

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 adenosasarcoma 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 adenossarcomas, 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.

IGCS19-0104

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

[1]D de Freitas, [2]FN Aguiar, [3]C Anton, [4]CE Bacchi, [3]JP Carvalho, [5]FM Carvalho*. [1]Instituto do Cancer do Estado de São Paulo ICESP- Faculdade de Medicina Universidade de Sao Paulo, Oncology, Sao Paulo, Brazil; [2]Instituto do Cancer do Estado de São Paulo ICESP- Faculdade de Medicina Universidade de Sao Paulo, Pathology, Sao Paulo, Brazil; [3]Instituto do Cancer do Estado de São Paulo ICESP- Faculdade de Medicina Universidade de Sao Paulo, Gynecology, Sao Paulo, Brazil; [4]Consultoria em Patologia, Pathology, Botucatu, Brazil; [5]Faculdade de Medicina da Universidade de Sao Paulo, Pathology, Sao Paulo, Brazil

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 (LVSI). 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.

Results Loss of MLH1 was observed in 18/47 (38.3%) patients. Age of patients did not differ between MLH1-negative and MLH1-positive tumors (61.2±11.0 years and 61.4 ±10.4 years, respectively). The comparison of characteristics of the tumors with and without MLH1 loss is summarized in table 1.

Abstract 405 Table 1 Clinicopathological features of endometrioid carcinomas according MLH1 immunohistochemistry status

Features		MLH1-loss	MLH1-positive	p
Total of patients		18	29	
FIGO				
	I	5 (41.7%)	16 (80.0%)	0.03
	II/III	7 (58.3%)	4 (20%)	
ESMO-ESGO-ESTRO				
	Low risk	0 (0%)	5 (25%)	0.08
	Intermediate risk	2 (16.7%)	0 (0%)	
	High-intermediate risk	4 (33.3%)	8 (40%)	
	High risk	6 (50%)	7 (35%)	
Histological grade				
	1/2	16 (88.9%)	21 (72.4%)	0.18
	3	2 (11.1%)	8 (27.6%)	
Tumor size				
	Range (median)	20-70mm (35mm)	8-48mm (27mm)	0.02
Myometrial invasion				
	range (median)	18-99% (60mm)	0.2-100% (48mm)	0.23
Myometrial invasion				
	<50%	5 (35.7%)	13 (52%)	0.33
	>50%	9 (64.3%)	12 (48%)	
LVSI				
	Yes	11 (73.3%)	15 (57.7%)	0.15
	No	4 (26.7%)	11 (42.3%)	
MELF				
	Yes	7 (50%)	5 (20%)	0.05
	No	7 (50%)	20 (80%)	
TILs				
	range (median)	0-90% (40%)	0-90% (10%)	0.13
Node				
	Positive	4 (33.3%)	1 (5%)	0.03
	Negative	8 (66.7%)	19 (95%)	

Conclusions Loss of MLH1 was associated with bigger tumors, MELF pattern of myoinvasion, and positive lymph nodes. Tumors with MLH1 loss presented more myometrial infiltration, more LVSI, and more TILs, although it did not reach a statistical level of significance. The presence of higher percentage of TILs, as well MLH1 loss itself, may indicate immunotherapy susceptibility.

IGCS19-0451

EPIDEMIOLOGICAL PROFILE OF PATIENTS DIAGNOSED WITH ENDOMETRIAL CARCINOSARCOMA, IN A PUBLIC HOSPITAL IN THE EAST OF SÃO PAULO

C De Moraes Gomes Lopes*, T Gomes de Almeida, M Tavares e Silva, G Pelegrina Neto, C Martin Gomez. *Hospital Santa Marcelina, Ginecologia oncológica, São Paulo, Brazil*

Objectives To identify the epidemiological profile of patients treated at a public service in the eastern zone of São Paulo with a diagnosis of endometrial carcinosarcoma (CSA).
Methods Data collection of patient's medical records who underwent follow-up at the Oncology Gynecology Santa Marcelina Hospital in Itaquera's ambulatory from 2001 to 2017,

with the diagnosis of CSA. A database analyzing the age, parity, smoking, the main complaint, the use of pre/post-menopausal hormone, the treatment performed, recurrence and death was elaborated.
Results In total, 14 patients were attended, aged between 57 and 86 years (mean age 73.4 years) and 80% of cases had vaginal bleeding after menopause. The vast majority were multiparous and had not hormone replacement therapy. They underwent a surgical treatment and 12 cases went through adjuvant therapy with radiotherapy, chemotherapy, brachytherapy, or their associations (85.7% adjuvancy). Six patients developed recurrence (42.8%), with local recurrences (14.2%) and remote recurrences (28.5%), all of them progressing to death within 2 years of follow-up.
Conclusions CSAs comprise a tumor's group with components of epithelial and mesenchymal origin, predominantly epithelial, and are currently classified as endometrial carcinoma. These represent less than 5% of uterine tumors and exhibit aggressive behavior. As described in the literature, patient's epidemiological profiles are similar in terms of age, initial symptom of postmenopausal vaginal bleeding and high death rate possibly due to late diagnosis and difficulty to access specialized public services. They differ when compared: parity and use of hormonal therapy.

IGCS19-0699

PROFILE OF PATIENTS WITH ENDOMETRIAL CANCER IN A PRIVATE INSTITUTION IN BRAZIL

L Gomes*, M Oliveira- MNG Oliveira, AC Barbosa- ACS, C Miranda- CBP, R Macedo- RJP, G Dal Molin- GZ. *BP – Beneficiencia Portuguesa of Sao Paulo, Oncology, Sao Paulo, Brazil*

Objectives Endometrial cancer is the third most common cancer among women worldwide, although epidemiological data in Brazil is poorly known. This study aimed to describe epidemiology of endometrial cancer in a private center institution.
Methods A retrospective cohort was conducted at BP – Beneficiencia Portuguesa de Sao Paulo, Brazil from January 1st, 2010 to March 31st, 2019. Variables analyzed as age, International Federation of Gynecology and Obstetrics (FIGO) classification, baseline performance status, obstetrical and physical background, tobacco use, body mass index (BMI) type of treatment and outcome.
Results One hundred and twenty-seven (127) cases of endometrial cancer were diagnosed during the study period. The median age was 66 years [29–94]. The majority of patients were postmenopausal status [95%], 18% of the patients admitted tobacco use and almost 40% were obese. Endometrioid was the most frequent histology [77% - 0,43–1,00]. Most were locally advanced [FIGO II-IV] and treated with surgery associated with radiation or platinum-based chemotherapy. Despite this, with a median of 2.5 years for relapse [50% of patients], local recurrence was more frequent. On this setting, chemotherapy was the mais treatment. Only 7% of the women underwent to somatic study. Median overall survival was 6 years [1–11] and we did not find statistical significance when related to histology and risk factors.
Conclusions Endometrial cancers are diagnosed at a late stage in our cohort, which has an impact on treatment options and