Conclusions Neoadjuvant chemotherapy is a feasible treatment option to allow for interval cytoreductive surgery in patients with advanced endometrial cancer not amenable to primary debulking. Patients who undergo surgery after chemotherapy have significantly improved progression free and overall survival.

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439 PRIMARY SYMPTOMS IN WOMEN WITH DIFFERENT HISTOPATHOLOGICAL SUBTYPES OF GYNAECOLOGICAL SARCOMA – RESULTS OF A PROSPECTIVE INTERGROUP REGISTRY FOR GYNAECOLOGICAL SARCOMA (REGSA – NOGGO RU1)

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Introduction Gynaecological sarcomas are rare and there is very limited evidence about symptoms at primary diagnosis. Most knowledge is based on retrospective analysis.

Methods We present data of 410 patients (pts) in the primary situation. Overall, 87.91% of pts had documented symptom data, which were analysed descriptively. A distinction was made between pre- (prem., <52 yrs) and postmenopausal (postm., >52 yrs).

Results The average age of pts was 56 yrs (range 15–88 yrs). Leiomyosarcoma (LMS) was diagnosed in 44.7%, endometrial stromal sarcoma (ESS) in 26.6% (62.6% low grade (LG-ESS) and 37.4% high grade (HG-ESS)). Undifferentiated sarcoma (US) and adenosarcoma (AS) were observed in 5.7% and 8.7% respectively. In prem. and postm. pts with LMS, the leading symptom (LS) was abdominal pain (ap) in 44.7%. and 8.7% respectively. In prem. LG-ESS the LS were ap and bleeding disorders (bd) in both 33.3%. In postm. HG-ESS and prem. LG-ESS the LS was vaginal bleeding (vb) in 29% and 33.3% respectively. In prem. AS the LS was ap in 27.3%, whereas in postm. AS it was postmenopausal bleeding (pb) in 29.2%. In prem. US the LS were bd and vb both at 66.7%. In postm. US the LS was ap in 47.4%.

Conclusions We analyzed the LS of different histopathological subtypes in primary gynaecological sarcoma for the first time. Bleeding disorders and abdominal pain are the main symptoms in all subtypes. Symptoms are heterogeneous and about every 5th woman reported unspecific symptoms. This underlines the importance of awareness for gynaecological sarcoma.

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440 DESMOID TUMOR OF THE BREAST AFTER MASTECTOMY FOR BREAST CANCER, A CASE REPORT

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Introduction Desmoid type fibromatosis from the breast is an extremely rare benign tumor (representing <1% of all breast tumors). It arises in the deep soft tissues and originates from fibroblasts and myofibroblasts. This type of tumor has no metastatic potential, but it is known to be locally aggressive with high recurrence potential. It presents a diagnostic challenge as it cannot be accurately differentiated from carcinoma based on imaging alone; therefore, histological evaluation is imperative for its diagnosis and further treatment.

Case We present a case of a 52-year-old female with a history of invasive ductal carcinoma treated with bilateral mastectomy, who underwent an MRI for surveillance showing a 4 cm mass on her right chest wall highly suspicious for recurrent breast carcinoma. Subsequent excision was performed showing a desmoid-type fibromatosis with negative margins.

Conclusion While this type of tumor is benign, given its infiltrative characteristics and limitation on radiographic diagnosis, surgical excision with clear margins is essential to reduce the risk of local recurrence and to rule out a malignant entity.