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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PRIMARY SYMPTOMS IN WOMEN WITH DIFFERENT HISTOPATHOLOGICAL SUBTYPES OF GYNECOLOGICAL SARCOMA (REGSA – NOGGO RU1)

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COMPARATIVE STUDY OF THE HPV IMPACT PROFILE (HIP) INTERPRETATION METHODS IN LEBANESE WOMEN WITH HUMAN PAPILLOMA VIRUS OR ASSOCIATED LESIONS

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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 34.4%, and 39.5% respectively. In prem. HG-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 post-menopausal 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.
domains, the ‘Lebanese domains’ were created and showed better outcomes. These new domains had better composite reliability (CR) than the adapted domains, but more modest AVEs. Their discriminant validity (HTMT reports) was also satisfying.

Conclusion Merck and coll. ’s item distribution seems flawed; however, reverse scoring the cited items may improve its validity. The adapted domains and the ‘Lebanese domains’ seemed the most suitable for our population. Although the two distributions have their limitations, the ‘Lebanese domains’ were overall superior.

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FAMILIAL SWYER SYNDROME ASSOCIATED WITH MIXED GERM CELL TUMOR: A CASE REPORT

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Background Swyer syndrome, a type of complete gonadal dysgenesis, is one of the rarer forms of the spectrum of disorders of sexual differentiation (DSD). Affected individuals have an XY karyotype but appear phenotypically female with characteristic hypoplastic gonads, presenting with primary amenorrhea and delayed puberty as main complaint. Only a few cases on siblings with Swyer syndrome have been reported. The accepted practice is to remove both gonads upon diagnosis to prevent the malignant transformation.

Case We present a case of a 14-year-old with primary amenorrhea and delayed puberty who consulted at our institution for an abdominopelvic mass. Family history is pertinent for relatives with menstrual abnormalities and delayed secondary sexual development; with an older sister having a confirmed XY karyotype. She underwent exploratory laparotomy to remove the tumor, however, the mass was deemed unresectable. The tumor was sampled and sent for frozen section which showed a malignant round cell tumor. Final histopathologic and immunohistochemistry studies showed a mixed germ cell tumor. She received three cycles of neoadjuvant chemotherapy prior to the definitive removal of the tumor and three more postoperatively. Chromosomal analysis confirmed an XY karyotype.

Conclusion Although rare, a diagnosis of Swyer syndrome must be considered in any adolescent with primary amenorrhea and an abdominopelvic mass. The diagnosis is confirmed with clinical findings combined with hormonal, gonadal, and chromosomal analyses. Routine gonadectomy and hormone replacement therapy are central to the management of patients with Swyer syndrome.

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PARTICIPANT DEMOGRAPHICS AND DISPARITIES IN OVARIAN CANCER CLINICAL TRIALS

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Background Clinical trials comprise the cornerstone of advancing care for patients with ovarian cancer. Diverse populations of trial participants are essential to ensuring generalizability of