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 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 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 myofibroblast. 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.

IGCS20_1479

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

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Objectives HPV associated lesions heavily influence the patients' psychological health. Merck and coll. developed the HPV Impact profile (HIP) questionnaire to quantify this impact. Previously, while translating this questionnaire to Arabic and validating it in the Lebanese population, we had encountered several issues with its interpretation scheme. This article aims to study the psychometric properties of other proposed schemes found in the literature in order to choose the most adapted one for the Lebanese population.

Methods The Arabic versions of the HIP and HADS questionnaires were administered to 118 Lebanese women presenting for an HPV related consultation. The psychometric properties of the initial domains were studied before and after reverse scoring 8 items carrying a positive connotation ('adapted domains') and compared to those of two other item distributions created by Santos et al.

Results Most of the initial domains presented weak alpha Cronbach coefficients and internal consistency. Reverse scoring 8 items considerably improved the coefficients of 6 of the 7 domains. Both of Santos et al.'s distributions had good coefficients. Nevertheless, by modifying and combining these

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.

Abstract 441 Table

Interpretation schemes	Domains	Items	α Cronbach coefficient	Modifications (remaining items)	α Cronbach coefficient
Standard domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14.	0.571	Items 2, 3, 5 and 8.	0.832
	Sexual impact	Items 24 and 25.	-0.020	No possible modifications.	
	Self-image	Items 1, 10, 11 and 23.	0.267	Items 11 and 23.	0.706
	Partner/ transmission	Items 9, 21 and 22.	0.440	Items 21 and 22.	0.751
	Interactions with doctors	Items 27, 28 and 29.	0.33	Items 28 and 29.	0.706
	Health control/life impact	Items 4, 6 and 26.	0.363	Items 4 and 6.	0.795
Adapted domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 and 20.	0.828		
	Emotional impact	Items 2, 3, 5, 8 and 14R.	0.798		
	Sexual impact	Items 24 and 25R.	0.669		
	Self-image	Items 1R, 10R, 11 and 23.	0.680		
	Partner/ transmission	Items 9R, 21 and 22.	0.513	Items 21 and 22.	0.751
	Interactions with doctors	Items 27R, 28 and 29.	0.611	Items 28 and 29.	0.706
	Health control/life impact	Items 4R, 6R and 26.	0.694		
Portuguese domains	Worries/concerns	Items 3, 7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		
				Items 11 and 23. (Home and dilgisi)	0.706
	Negative emotions	Items 11, 23, 28 and 29.	0.627	Items 28 and 29. (Inconfort à cause des procédures et examens)	0.706
Modified portuguese domains	Worries/concerns	Items 3, 15, 16 and 17.	0.584	No possible modifications.	
	Emotional impact	Items 2, 5 and 8.	0.807		
	Sexual impact	Items 9R, 24 and 25R.	0.562	No possible modifications.	
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.809		
	Negative emotions	Items 23, 28 and 29.	0.631	Items 28 and 29.	0.706
Lebanese domains	Worries/concerns	Items 3, 7, 12, 13, 15, 16, 17 and 20.	0.791		
	Emotional impact	Items 2, 5, 8 and 26.	0.854		
	Impact relationnel (avec le médecin et le partenaire.	Items 9R, 11, 23, 24, 25R, 28 and 29.	0.724		
	Future treatment/transmission	Items 18, 19, 21 and 22.	0.755		
	Positive emotions	Items 1R, 4R, 6R, 10R, 14R and 27R.	0.830		

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