IGCS20_1043

ACTIVITY OF CHEMOTHERAPY IN RECURRENT UTERINE SEROUS CARCINOMA

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Background Uterine serous carcinoma (USC) carries a poor prognosis and the majority of patients develop recurrence. The study objective was to compare efficacy of chemotherapy regimens in recurrent USC.

Methods A retrospective review of patients with USC treated at our institution from 1993 to 2012 was performed. Recurrence-free survival (RFS) was estimated using methods of Kaplan and Meier and modeled via Cox proportional hazards regression. RFS1 was calculated from date of first recurrence to second recurrence. Platinum-sensitivity was defined as recurrence >6 months after platinum-based therapy. Those never exposed to chemotherapy during adjuvant therapy were included in the platinum-sensitive cohort.

Results Of 313 patients, 147 (47%) had recurrence. Median age was 64 years; 65% were stage III/IV. Median follow up was 39.3 months. Median RFS1 was 5.5 months (95% CI 0.7 – 31.4). 115 patients (78%) received chemotherapy alone. Objective response was highest in the platinum-sensitive compared with the platinum-resistant cohort ((21/84; 25%) vs. (4/35; 11%)). In platinum-sensitive disease treated with chemotherapy, platinum-based had higher response compared to non-platinum-based regimes (18/44(41%) vs 3/41(7%) p=0.029). Response in platinum-resistant tumors to platinum-based regimes was 37%(3/8). 86% of patients with platinum-resistance had progressive disease regardless of chemotherapy. 86 patients (27%) had a second recurrence, 47(55%) were platinum-sensitive and 36(77%) were treated with chemotherapy. Response to chemotherapy was 5% in those with a second recurrence.

Conclusion In patients with recurrent USC deemed platinum-sensitive at first recurrence, platinum-based regimes may be associated with improved response. Platinum-resistant tumors do not appear to have an optimal second-line chemotherapy regimen.

IGCS20_1046

UNUSUAL EXTRAUTERINE LOCALISATION OF LOW GRADE ENDOMETRIAL STROMAL SARCOMA: REPORT OF TWO CASES

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Introduction Endometrial stromal sarcoma (ESS) is an uncommon malignant mesenchymal tumor. Uterine localization is frequently seen but low grade ESS arising in extratubine sites is so rare. Clinical presentation of this entity is no specific. So that, the diagnosis is based on histological analysis.

Methods We report two cases of low grade extrauterine endometrial stromal sarcoma treated at Salah Azaiez Institute.

Results The first case was a premenopausal female presented with abdominal pain. MRI examination showed an abomino-pelvic mass. She had right salpingooophorectomy. Microscopic analysis showed a low grade endometrial stromal sarcoma probably arising from endometriosis. Six months after, CT scan revealed pelvic recurrence depending on the ovary. She had hysterectomy with left salpingooophorectomy, omentectomy and appendicectomy. Histological report concluded on low grade ESS of ovary arising from endometriosis. The second case was a premenopausal women with the history of hysterectomy with bilateral salpingooophorectomy for benign fibroma presented with pelvic pain. CT scan showed two abdominal mass. Peroperatory, there were three mass depending on the mesorectum, the mesentery and the epiplo. Dissection was difficult. Epiploic biopsy was taken. After histological and immunohistochemical study, the diagnosis of low grade extrauterie endometrial stromal sarcoma was retained. Hormonal therapy with regular follow up were indicated.
Conclusion Extrauterine localisation is reported only in isolated cases in the literature. In the absence of uterine primary tumor, the differential diagnosis considerations depend upon the site of involvement. Surgical resection or debulking are the mainstay of treatment.

IGCS20_1047

METASTATIC MELANOMA IN THE BREAST: A REPORT OF 7 CASES

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Introduction Malignant melanoma is the most rapidly increasing cancer in the world. Metastatic disease occurs in 20% of patients. Metastases to the breast are rare. Melanoma is, however, among the most commonly reported primary tumors to metastasize to the breast.

Methods A retrospective case review of our melanoma registry to find all patients with melanoma metastatic to the breast in salah azaiez institute tunisia.

Results Seven patients were found to have breast metastases from melanoma. Five were premenopausal females with a mean age of 51 years. Three patients had a primary lesion were in the heel, two in the axillary area, one in the vagina and one in the head. One patient had bilateral breast involvement, and all had other sites of metastases. The median survival after diagnosis of breast metastases was 4 months.

Conclusions Metastases to the breast from melanoma are uncommon but should be suspected in patients with a breast mass and a prior history of melanoma even years after a primary has been removed.

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UMBILICAL METASTASIS OF AN ENDOMETRIAL CARCINOMA: A CASE REPORT

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Background Sister Mary Joseph’s nodule (SMJN) can be the first manifestation of an underlying malignancy or an indication of a recurrence in a patient with a previous malignancy. The incidence is about 1–3%. The most common origin of SMJN is ovarian and gastric carcinoma and is often a sign of poor prognosis. Metastases from primary endometrial cancer to the umbilicus are rare. According to the published literature, we only count 32 cases of SMJN with endometrial origin.

Results A 77-year-old obese woman with type II diabetes and hypertension was referred to our institution for an endometrial adenocarcinoma G1 diagnosed in a previous biopsy. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed. Histologic diagnosis revealed an endometrioid adenocarcinoma G1 with a depth of myometrial invasion <50% and negative peritoneal washing cytology - FIGO stage IA. Seven months later, the patient presented with a cutaneous nodule on the umbilical region measuring 52 mm. A skin biopsy showed metastasis of an endometrial adenocarcinoma. A CT scan did not show any other abdominal mass, ascites, regional lymphadenopathy or pulmonary lesions. A second surgery including full resection of the umbilical lesion and abdominal wall mesh repair was performed. Histological diagnosis revealed metastasis of the same origin with her primary disease with clear margins. The patient remains in clinical control in our institution.

Conclusions We presented a very rare case of umbilical metastasis (SMJN) of an endometrial adenocarcinoma. We decided to perform surgery alone, since there are not specific recommendations about other therapeutic approaches.