Introduction/Background
Gynecological Sarcomas (GS) account for only about 3% of all gynecological malignancies. They are known for their poor prognosis and lack of promising treatment options. Due to the rarity and heterogeneity of GS there is only little consensus regarding the optimal therapeutic strategies throughout all possible situations of the disease. REGSA is by date the largest gynecological registry for sarcoma in Germany.

Methodology
Primary inclusion criteria was histologically confirmed diagnosis of sarcoma or STUMP of the female genital tract or sarcoma of the breast. Participating centers were confirmed diagnosis of sarcoma or STUMP of the female genital tract or sarcoma of the breast. Participating centers were authorized to enter data of sarcoma patients into electronic Case Report Forms. For the work presented here data on therapeutic strategies for primary treatment were analyzed descriptively.

Results
From August 2015 till February 2021, 723 sarcoma patients were included by a total of 120 centers. Real-life data on therapeutic strategies for primary treatment was available in 600 cases. 571 patients underwent surgical treatment. In 465 patients a hysterectomy was performed, 200 had no further surgical interventions. An additional salpingo-oophorectomy was performed in 251 cases. Lymphonodections, omentectomy or intestinal resection was performed in less than 15% each. 21.4% of patients received chemotherapeutic or targeted therapies. Mono chemotherapy was administered more often than a combination chemotherapy. Anthracyclines were the most commonly used substances. 42 patients, mainly patients with Low-grade Endometrial Stromal Sarcoma received an anti-hormonal treatment and 31 patients underwent radiotherapy.

Conclusion
Despite the limitations which arise from the structure of a clinical registry, the presented real life data of 600 patients are by date one of the largest analyses of the therapeutic strategies used for GS. Further trials are urgently needed to gain more information about treatment modalities, therapy response and patient-reported outcomes in order to implement new treatment strategies.