278 REAL-LIFE DATA ON GYNECOLOGICAL SARCOMA – THERAPEUTIC STRATEGIES FOR PRIMARY TREATMENT – RESULTS OF THE GERMAN SARCOMA REGISTRY REGSA (NOGGO RU1)

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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 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 salpingoophorectomy was performed in 251 cases. Lymphonodectomy, omentectomy or intestinal resection was performed in less than 15% each. 21.4% of patients received chemo- 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.

295 BREAST CANCER IN WOMEN YOUNGER THAN 35 YEARS OLD

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Introduction/Background* Women ≤35 years old with breast cancer constitute a special group. Considering the impact of the disease and its prognosis, these patients face some specific problems, that are not present in older women. What are the prognostic features of the survival rate in very young women with breast cancer?

Methodology Retrospective analysis of very young women with breast cancer from the Surgical-Oncologic Breast Cancer Department at 'Theagenio' Anticancer Hospital, 2003 – 2016. Patient & tumor characteristics, treatment options and follow-up information were collected. Univariate – multivariate analyses were conducted and survival rates were calculated.

Result(s)* 129 patients met the inclusion criteria. The median age was 34 years old. 53 patients (41%) had T1, 36 (28%) had T2, 7 (5.4%) had T3 and 33 (25.6%) had T4 stage tumors. Most women, 114 (88.4%), had ductal carcinoma in their histology. Furthermore, positive axillary lymph nodes were present in 62 women (48%). In the immunochemistry report, 91 patients (70.5%) were hormone receptor positive, HER2 was overexpressed in 32 patients (24.8%) and 27 patients presented with Triple negative subtype. Out of 65 patients tested for Ki-67, 51 (78.5%), had a high expression (cut off value of 20%). After adjusting for all possible factors, the risk of recurrence and death was six times higher in the positive lymph nodes group, ($p<0.001$). The median disease-free and overall survival was 133 and >173 months, respectively.

Conclusion* Breast cancer in very young women appears with large size and high-grade tumors, high incidence of infiltrated axillary lymph nodes, high Ki-67 expression and intrinsic subtypes with poor prognosis. As a result, these women need to be treated by a multidisciplinary team.

303 HYPERSPECTRAL IMAGING FOR TISSUE CLASSIFICATION AFTER OVARIAN CANCER SURGERY

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Introduction/Background* The most important prognostic factor for the survival of advanced-stage ovarian cancer is the completeness of cytoreductive surgery (CRS). Therefore, an