Results Of 176 evaluable patients, 27% had stage I, 14% stage II, 37% stage III and 22% stage IV disease. Among them, 33% received CT 17% received RT, and 50% received chemoRT. Stage I recurred less frequently (64%) vs. II (83%), III (85%) and IV (90%)(p<0.001). Patients receiving CT were more likely to recur in the pelvis vs. RT-containing regimens (p=0.06) and abdominal recurrences were more common with RT-alone (p=0.07). Stage I demonstrated improved PFS and OS relative to all other stages (p<0.01). Patients receiving chemoRT experienced superior PFS (p=0.01) and OS (p=0.05) vs. single modality therapy. Stage III derived the greatest improvement in PFS and OS from chemoRT (p<0.01). On MVA, only stage (p<0.01) and receipt of chemoRT (p=0.04) independently predicted survival.
Conclusions The majority of UCS patients recur in 2–3 years despite aggressive adjuvant therapy. Stage I disease demonstrated improved survival compared to other stages regardless of adjuvant treatment modality. ChemoRT was associated with improved survival and better distant and local disease control. Stage III disease derived the most significant benefit from chemoRT.

EPV240/#380 PELVIC CASTLEMAN´S DISEASE: A CASE REPORT

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Objectives Castleman´s disease is an extremely rare benign lymphoproliferative disorder usually presenting in the mediastinum, abdomen or neck and less common located at axilla, pelvis and pancreas. Commonly asymptomatic, patients are presented with a large mass noted on physical examination or imaging studies and are often misdiagnosed as an adnexal mass. There are only few cases of pelvic Castleman´s disease reported in the literature. We present a case of Castleman´s disease located in the pelvic cavity specifically in the retropubic space.
Methods A 56 year-old asymptomatic woman was referred to our service with a 5cm-sized pelvic mass detected during a Computed Tomography Scan. Pelvic ultrasound reported an anechoic rounded 5x4x4cm-sized mass with increased flow around the lesion and significant posterior acoustic enhancement.
Results Exploration of the pelvic cavity revealed a circumscribed and well-delineated 8cm-sized mass located in the space of Retzius with dense fibrous adhesions and rich periphery vascularity. Microscopic examination demonstrated large follicles dispersed in a mass of lymphoid tissue. Follicles show marked vascular proliferation and hyalinization of their abnormal germinal centers with a concentric layer of lymphocytes on the periphery of the follicles, which gives an appearance of onion skin. Patient recovered without complications. Five months after surgery no signs of recurrence are reported.
Conclusions Castleman´s disease is a very rare lymphoproliferative condition.Complete surgical resection has good prognosis and a low rate of relapse. Despite the low incidence of this disease must be consider as a differential diagnosis of pelvic mass so we can offer our patient a correct treatment and surveillance.

EPV241/#390 TUMOR SIZE AS A PROGNOSTIC FACTOR FOR MESONEPHRIC AND MESONEPHRIC-LIKE ADENOCARCINOMA OF THE ENDOMETRIUM: A RARE CASE SERIES OF 72 PATIENTS

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Objectives Mesonephric adenocarcinoma (MA) or mesonephric-like adenocarcinoma (MLA) is a rare tumor of the endometrium arising from regressed mesonephric duct. However, there is still a lack of evidence about their prognostic factors because of the rarity. Thus, we investigated prognostic factors of MA or MLA through the analysis of rare case series by using published reports.
Methods This study is a secondary analysis utilizing published literature. Through extensive search using PubMed, EmBase and the Cochrane database, 65 patients with either MA or MLA were identified between years 1995 and 2020. A total of 72 patients were finally included after adding seven patients diagnosed with MA or MLA in our institute between 2000 and 2020. We evaluated clinicopathologic characteristics of all patents, and investigated prognostic factors affecting progression-free survival (PFS).
Results Patients with early-stage disease (n=41) had longer mean PFS than those with advanced-stage disease (n=31) (39 vs 14 months, p<0.01). Moreover, patients with tumor size ≤5 cm (n=16) had longer mean PFS that those with tumor size >5 cm (n=15; 49 vs 13 months; p<0.01). Univariate analyses revealed that advanced-stage disease, tumor size >5 cm and no systemic chemotherapy were factor affecting PFS (hazard ratios [HRs], 3.27, 5.88, 4.34; 95% confidence interval [CIs] 1.56–6.84, 1.26–27.33, 1.74–10.85. Finally, tumor size >5 cm was the only prognostic factor of worse PFS in multivariate analyses (HR 5.49; 95% CI 1.15–26.18).
Conclusions Tumor size >5 cm may be associated with worse PFS of MA or MLA of the endometrium.

EPV242/#497 OUTCOMES OF LATERALLY EXTENDED ENDOPELVIC RESECTION IN PELVIC SIDEWALL SARCOMA: A SINGLE-INSTITUTION EXPERIENCE

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Objectives This study aims to review tolerability and efficacy of laterally extended endopelvic resection (LEER) in patients with pelvic sidewall sarcoma.
Methods We retrospectively reviewed medical records of patients with pelvic sidewall sarcoma who underwent LEER between 2015 and to Mar. 2021. We collected data on clinicopathologic characteristics, surgery, perioperative management, and outcomes.