**PELVIC CASTLEMAN´S DISEASE: A CASE REPORT**

**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 occurred 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=0.03) 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.

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

**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 patients, 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 than 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.

**OUTCOMES OF LATERALLY EXTENDED ENDOPELVIC RESECTION IN PELVIC SIDEWALL SARCOMA: A SINGLE-INSTITUTION EXPERIENCE**

**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.