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

[1]E Treviño Salinas*, [2]N Dávila Flores, [3]R Hernández-Salas, [4]O Barboza-Quintana, [3]C Marroquin-Luna. *[1]Universidad Autónoma de Nuevo Leon, Ginecología Y Obstetricia, Monterrey, Mexico; [2]Universidad Autónoma de Nuevo León, Servicios Médicos, Monterrey, Mexico; [3]Clinica Cuauhtemoc y Famosa, Ginecología Y Obstetricia, Monterrey, Mexico; [4]Universidad Autónoma de Nuevo León, Anatomía Patológica Y Citopatología, Monterrey, Mexico*

10.1136/ijgc-2021-IGCS.311

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

[1]H Paik*, [2]SJ Park, [2]EJ Lee, [3]GW Yim, [2]HS Kim, [1,2]J-W Kim. *[1]Seoul National University College of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; [2]Seoul National University College of Medicine, Obstetrics and Gynecology, Seoul, Korea, Republic of; [3]Dongguk University Ilsan Hospital, Department of Obstetrics and Gynecology, Goyang, Korea, Republic of*

10.1136/ijgc-2021-IGCS.312

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

J Kim*, SJ Park, HS Kim, J-W Kim. *Seoul National University College of Medicine, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of*

10.1136/ijgc-2021-IGCS.313

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.

Results A total of eight patients were enrolled. Patients had advanced or recurrent leiomyosarcoma, carcinosarcoma, low-grade endometrial stromal sarcoma (ESS), synovial sarcoma, and undifferentiated sarcoma. Urinary obstruction (87.5%) was the most common presentation before the surgery. Complete resection (R0) was achieved five (62.5%) patients. Median Operative time was 6 (range, 3–22) hours. Transfusion was performed in six patients (75%) with median of 2.5 pack of RBC. Four patients needed postoperative intensive care for median of two days (range, 0–8) but there was no operation-associated mortality or severe life-threatening morbidity. Median pelvic control duration was 6 (range, 3–64) months, although disease progression was observed in other extrapelvic areas where preoperatively assessed to be broadly distributed and impossible to be completely resected. Interestingly, one patients with progression disease (PD) showed 16 months of pelvic control duration. One patient showed no recurrence after the surgery (10%) and another patient showed stable disease (SD, 10%). Median OS after LEER was 6 (6–65) months.
Conclusions LEER is feasible for surgical control of the pelvic sidewall tumor with acceptable complications.

EPV243/#63 SURGICAL AND ADJUVANT TREATMENTS FOR UTERINE PECOMA

[1]G Bogani*, [2]A Gronchi, [1]A Ditto, [1]F Raspagliesi. *[1]Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Gynecologic Oncology, Milano, Italy; [2]Fondazione IRCSS Istituto Tumori di Milano, Surgical Oncology, Milano, Italy*

10.1136/ijgc-2021-IGCS.314

Objectives Perivascular epitheliod cell tumors (PEComas) are rare mesenchymal neoplasms. Uterine PEComa is extremely rare and only limited evidence is still available.
Methods Charts of consecutive patients who had treatment (between 01/01/2010 and 12/31/2020) for newly diagnosed uterine PEComas were retrieved. Five-year outcomes were assessed using Kaplan-Meier and Cox hazard models.
Results Data of 23 patients with newly diagnosed PEComas were analyzed. Mean (SD) patients' age was 52 (14) years. Twenty-two patients had a surgical cytoreductive attempt. In one case surgery was not performed due to the presence of an extra-abdominal spread. Overall, seven (30%) patients had disease outside the uterus at the time of surgery. Complete cytoreduction (no macroscopic residual tumor) was achieved in 19 patients. Eleven (48%) patients had adjuvant treatments, consisting in anthracycline-based chemotherapy (n=4),gemcitabine-based chemotherapy (n=2), mTOR inhibitors (n=4) and hormonal treatment (n=1). Median (range) follow-up as 23 (2, 99) months. Eleven (48%) recurrences occurred with a mean (SD) progression free-survival of 14 (11) months. After a median (range) follow-up of 23 (2–99) months, nine (39%) patients died of disease. Residual tumor at surgery was the only factor correlating with the risk of developing recurrent disease (p=0.023) and worse overall survival (p=0.014). In our small series, stage of disease and adjuvant therapy administration had no impact on survival outcomes.
Conclusions Uterine PEComa represents a rare and aggressive entity. Molecular/genomic profiling of the disease is necessary to predict response to treatment. Further collaborative investigations are warranted to assess the role of various prognostic factors and evaluate the most effective surgical and medical treatment modalities

EPV244/#93 MALIGNANCIES IN TRANSPLANT PATIENTS: AN ATYPICAL PRESENTATION AND COURSE OF OVARIAN CARCINOMA – A CASE REPORT

[1]J Verhaegen*, [2]XB Trinh, [2]B Bracke, [3]V Hartman, [4]E Philipse, [5]G Broeckx, [6]K Storm, [7]I Vermeiren. *[1]UZA, Gynaecology and Obstetrics, Edegem, Belgium; [2]UZA, Gynaecological Oncology, Edegem, Belgium; [3]UZA, Hepatobiliary Surgery, Edegem, Belgium; [4]UZA, Nephrology, Edegem, Belgium; [5]UZA, Pathology, Edegem, Belgium; [6]UZA, Genetics, Edegem, Belgium; [7]University of Antwerp, Gynaecological Oncology, Edegem, Belgium*

10.1136/ijgc-2021-IGCS.315

Objectives Donor-transmitted malignancies are rare due to the strict selection criteria for donors. Diagnosis is challenging because they often have an atypical presentation and a poor response to treatment.
Methods We present the case of a woman who was diagnosed with a donor-transmitted carcinoma after kidney transplantation.
Results Two years after kidney transplantation, a 61-year-old woman was diagnosed with a FIGO stage IIIB Mullerian ovarian cancer. Treatment with neo-adjuvant chemotherapy was started and complicated due to the use of immunosuppressants. An interval-debulking procedure showed poor response to chemotherapy and an optimal debulking could not be achieved. Pathology revealed a high grade tumor with immunohistochemistry suggestive for lung carcinoma. However, a PET-CT did not indicate any pulmonary disease. Due to the atypical presentation, immunohistochemistry results and untraceable primary tumor additional genetic DNA profiling was performed to further investigate the origin. A Y-chromosome specific marker revealed that the tumor originated from the donor-transplant. The oncological treatment and immunosuppressants were discontinued. The kidney transplant was surgically removed and hemodialysis was initiated. The body's own immune response led to a clinical, biochemical and radiological complete response and patient has no evidence of disease after 1 year of follow-up.
Conclusions This case report illustrates the diagnostic and therapeutic challenges of cancer in transplant-patients. We suggest that DNA profiling should be standard procedure in transplant patients presenting with metastatic disease. Although donor-transmitted malignancies are a very rare finding, awareness is critical since it can have life-saving clinical implications.

EPV245/#230 INCREASING INCIDENCE OF OVARIAN AND UTERINE CARCINOSARCOMA: A UNITED STATES CANCER STATISTICS STUDY

[1]I Tunnage*, [2]C-I Liao, [3]D Lewis, [4]MA Caesar, [5]A Chan, [6]D Lee, [5]A Rohatgi, [7]K Darcy, [7]C Tian, [1]L Boyd, [8]D Kapp, [9]J Chan. *[1]New York University, Gynecologic Oncology, New York, USA; [2]Kaohsiung Veterans General Hospital, Obstetrics and Gynecology, Kaohsiung City, Taiwan; [3]MedStar Washington Hospital Center, Obstetrics and Gynecology, Washington, USA; [4]California Pacific Medical Center, Research Institute, San Francisco, USA; [5]Palo Alto Medical Foundation Research Intitute, Obstetrics and Gynecology, Palo Alto, USA; [6]Palo Alto Medical Foundation, Research Institute, Palo Alto, USA; [7]Gynecologic Cancer Center of Excellence, Obstetrics and Gynecology, Washington, USA; [8]Stanford University School of Medicine, Department of Radiation Oncology, Stanford, USA; [9]California Pacific Medical Center, Obstetrics and Gynecology, San Francisco, USA*

10.1136/ijgc-2021-IGCS.316

Objectives To identify trends in the incidence of ovarian and uterine carcinosarcoma.