1000 mg Q6W until disease progression, discontinuation, or withdrawal.

Results At this third interim analysis of GARNET, the safety population included 605 patients. irAEs were experienced by 32.2%, with 10.1% of patients experiencing grade ≥3 irAEs (table 1). Few, 5.5%, discontinued treatment because of an irAE. No irAEs led to death. Of patients experiencing irAEs, 64.6% were treated with immune modulatory medications (IMMs; referring to steroids, immune suppressant, and/or thyroid therapy); 58.7% of these patients experienced resolution. Average time to resolution was 69 days. For the 35.4% of patients not treated with IMMs, 56.5% experienced a resolution. Average time to resolution was 67 days. The most common irAEs were hypothyroidism (7.6%; 45 of 46 [97.8%] patients treated with thyroid therapy) and arthralgia (5.6%; 8 of 34 [23.5%] patients treated with steroids).

Conclusion Across all tumour types evaluated in GARNET, 32.2% of patients experienced irAEs, 68.7% of whom experienced grade 2 events. 58.7% of patients experienced resolution of irAEs upon treatment with an IMM. Overall discontinuation due to irAEs was low.
4.9x5.6 cm. Signs of ovarian torsion, CT pelvis showed the cyst and confirmed ovarian torsion.

**Results** Urgen laparoscopic surgery was done and we found the left ovarian pedicle torted 5 times with a pedicle of para-tubal cyst which was making 5 loops around the ovarian pedicle and torted together. Detorsion done and the para-tubal cyst was removed with its pedicle and signs of revascularization was observed in the left ovary histopathology result showed cyst excision benign cystic structure with ciliated epithelium and fibromuscular wall-consist with dilated fallopian tube segmen.

**Conclusion** This case suggests that a paratubal cyst should be included in the differential diagnosis of pelvic masses, especially in the reproductive age. A paratubal cyst may mimic an ovarian cyst preoperative.

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**Introduction/Background** The uterine sarcoma represents 1 to 5% of malignant tumors of the uterus.

**Distribution** 1. T. mixed epithelial and mesenchymal elements (T Mixed müllerian) (50–60%): represented by the carcinosarcoma, adenosarcoma; 2. leiomyosarcoma (35%); 3. endometrial stromal sarcoma (ESS) (chorion cytogene low grade Bad prognosis except SBS 10%): low grade, and undifferentiated. Improved Surgery of the primary tumor and metastasis is essential. Place of the adjuvant chemotherapy remains has only the local control. Sensitivity differently according under histological type. Place determined of targeted therapeutic to define: the trabectidine.

**Methodology** The retrospective study of 17 cases of uterine sarcoma support in the medical oncology and surgical department at CPMC during the period between 2011–2018.

Results average age of diagnosis: 51 years. The diagnosis been done on the histological examination revealed to the operating room and post-operative. Three varieties: 10 cases of leiomyosarcoma, 3 cases of carcinosarcoma, 4 cases of endometrial stromal sarcoma (ESS) (chorion cytogene of the endometrial). The stage IV of the tumor was found in 50% of tumors and 25% for the stage IA. The prognosis is closely related to the stage of the tumor. The treatment was essentially a radical surgery in 5 cases, 12 cases have beneficed of chemotherapy, in cases of recurrence or metastasis. The protocols used concurrent chemoradiotherapy (CCRT) has been performed in patient presenting a carcinosarcoma. The answer: Total response (7 cases); Partial response (2 cases); Stable disease (4 cases); failed (4 cases). Follow up: nine patients alive in remission, 4 patients died, 4 living patients in recurrence.

Conclusion the uterine sarcoma is a tumor of bad prognosis significance, the surgical of the primary tumor and metastases is essential; the chemotherapy is reserved in the event of a recurrence or metastasis. We report in this study, the Algerian experience in support of uterine sarcomas.

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**PERIOPERATIVE MORBIDITY IN GYNECOLOGICAL ONCOLOGY: A SINGLE-CENTER PROSPECTIVE STUDY**

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2022-RA-1224-ESGO

**THE UTERINE SARCOMA REPRESENTS 1 TO 5% OF MALIGNANT TUMORS OF THE UTERUS**

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2022-RA-1210-ESGO