Introduction/Background Endometrial stromal tumors (EST) represent less than 1% of all uterine malignant neoplasms. Those include endometrial stromal nodule (ESN), low-grade stromal sarcoma (LGESS), high-grade stromal sarcoma (HGESS), undifferentiated uterine sarcoma (UUS), uterine adenosarcoma (ADENOSA) and uterine tumor resembling ovarian sex cord tumor (UTROSCT). Treatment typically includes a combination of surgery and chemotherapy. Radiotherapy may also be used for local control. Herein we present a case series of 14 patients.

Methodology We found a total of 14 patients (median age 60.4). 7 patients had stage I disease, 2 stage II, 1 stage III and 5 stage IV. Early stage patients were mostly managed with surgery with/without adjuvant endocrine therapy and chemotherapy. Advanced disease patients received endocrine therapy and/or chemotherapy.

Results 2 ADENOSA patients are still in remission 3 years after surgery alone and 2 UTROSCT patients are in remission 1 and 3 years after surgery alone. 1 stage I UUS patient is free of disease 5 years after surgery and adjuvant chemotherapy. 1 patient with stage I LGESS, 1 patient with stage II LGESS and 1 patient with stage IV LGESS were lost to the follow up. 1 patient with LGESS stage I experienced distant relapse 3 months postoperatively and has been receiving multiple regimens of chemotherapy for 3 years ever since, with rapidly progressive disease nonetheless. 1 patient with stage II LGESS experienced pelvic recurrence 2 months post surgery. She was managed with chemoradiation and has developed upper abdominal disease 3 years postoperatively. 2 patients with extensive metastatic disease stage IVb were referred to palliative care. 2 patients with stage IVb LGESS and HGESS were managed with endocrine therapy and chemotherapy; however, they died at the one year mark.

Conclusion Endometrial stromal tumors are rare neoplasms; a combination of surgical cytoreduction, endocrine therapy and chemotherapy is the standard treatment approach.

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mobilization on day of surgery. The outcome measures include duration of hospital stay, readmission within 21 days, time taken for return of bowel function, rate of postoperative ileus and incidence of surgical site infections.

**Results** 30 patients were included in Group E and Group C each. The duration of hospital stay, rate of postoperative ileus and incidence of surgical site infections were significantly decreased in the ERAS group.

**Conclusion** ERAS protocol has a significant beneficial effect on perioperative outcomes in Gynaecologic oncology patients.

**2022-RA-1524-ESGO**

COVID-19 PANDEMIC IMPACT ON THE AVAILABILITY AND IMPLEMENTATION OF CYTOREDUCTIVE SURGERY AND HYPERPERHEMIC INTRAPERITONEAL CHEMOTHERAPY (CRS+HIPEC) PROCEDURES IN PATIENTS WITH PERITONEAL CARCINOMATOSIS AT THE WROCŁAW COMPREHENSIVE CANCER CENTRE – A SINGLE-CENTRE STUDY

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Introduction/Background 'The impact of the COVID-19 pandemic on the oncological care system' report shows that the number of new diagnoses of malignant neoplasms in Poland has decreased by 20% and there has been a decrease by 10–15% in the area of oncological surgery procedures (https://www.zwrotnikraka.pl/influencing-pandemic-covid-19-na-system- oncological-care/). It is also known CRS+HIPEC procedures in the treatment of patients with primary and secondary peritoneal neoplasms have been performed in Poland in insufficient amounts for many years (http://www.chirurgia-onkologiczna.pl/images/files/hipec.pdf). The aim of the study was to analyse the changes in the availability and implementation of CRS+HIPEC procedures performed at the Wrocław Comprehensive Cancer Center (WCCC) Poland, during the COVID-19 pandemic.

Methodology Demographic, clinical, oncolgical and technical aspects database of all CCCW patients undergoing the CRS+HIPEC procedure was created. Statistical analysis of the data was carried out using the Statistica version 12.5 (StatSoft) program, with particular emphasis on the period of the COVID-19 pandemic (from 03.2020).

**Results** In the period from 01.2014 to 04.2022, a total of 232 CRS+HIPEC procedures were performed at CCCW, on average 28 per year (range 20–37). During the COVID-19 pandemic (from 03.2020), after the initial complete suspension of CRS+HIPEC procedures (03–05.2020), their dynamic growth occurred – 72 procedures were performed in the period 06.2020 – 04.2022 in total. The main indications were ovarian (40%) and colorectal (39%) cancers. During the COVID-19 pandemic, the Clavien-Dindo grade III and IV complication rate (14%) did not change, and there were no perioperative deaths recorded.

**Conclusion** In the era of the COVID-19 pandemic, CRS+HIPEC procedures remain a safe and promising therapeutic option for selected patients with primary and secondary peritoneal cancers.

**2022-RA-1535-ESGO**

UTERINE PECOMA AND PROGNOSTIC VALUE OF THE PROPOSED CLASSIFICATION SYSTEMS: A RETROSPECTIVE STUDY, SYSTEMATIC REVIEW, AND METAANALYSIS

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Introduction/Background Perivascular epithelioid cell tumors (PEComas) is a rare subtype of mesenchymal tumors composed of perivascular epithelioid cells. The main concern after the diagnosis is predicting the disease behavior: four classification systems have been proposed for this purpose based on size, pathological characteristics, and immunohistochemical characteristics.

Methodology We retrospectively reviewed the prospectively collected pathologic registry to identify all cases of uterine PEComa diagnosed and treated at our center. Moreover, we conducted a systematic review of the literature to identify all published cases of uterine PEComa pathologically confirmed. For each identified case with available data, we applied all the proposed classification systems (FOLPE, FOLPE modified, Bennet, and Schoolmester) and assessed their performance with cox regression analysis.

Abstract 2022-RA-1535-ESGO Figure 1 Recurrence-free survival Kaplan meier curves. A: Folpe system; B: Folpe modified system; C: Schoolmester system; D: Bennet system

Abstract 2022-RA-1535-ESGO Figure 2 Cause-specific death Kaplan meier curves. A: Folpe system; B: Folpe modified system; C: Schoolmester system; D: Bennet system