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.
Results We identified seven cases of uterine PEComa diagnosed and treated at our center. The search strategy identified 51 papers for a total of 121 cases of uterine PEComa. The uterine corpus was the most frequent localization (n=55; 45.7%), and uterine bleeding was the clinical presentation in 36 (32.5%) cases. In most cases, the diagnosis was at the final pathological examination (n=39; 33%). Among those who recurred or died due to disease, the median time to recurrence was 18 (2–82; IQR 4–21.7) months and the median time to death was 17.5 (5–43; IQR 12–35) months. The malignant group reported a higher rate of recurrence and cause-specific death than the benign group in all classifications. The Bennett system (figure 1–2) reported the highest HR for relapse and death due to PEComa in the malignant group versus the benign group (HR 14.17; 95% CI 4.29 – 46.72 for relapse; HR 33.17, 95% CI 4.39 – 4246.79 for death).

Conclusion Preoperative diagnosis of uterine PEComa is uncommon without specific clinical presentation. Among proposed classification systems, the Bennett system reported the highest ability to distinguish between benign and malignant behaviors.

Introduction/Background Breast cancer represents a heterogeneous disease with different biological profiles. Regardless of recent developments in disease management, breast cancer remains a disease with a lifetime recurrence risk. GATA binding protein 3 (GATA3) represents a potential biomarker of breast cancer with prognostic properties. The aim of this study was to evaluate the correlation of GATA3 expression with clinico-pathological features of more aggressive breast cancer.

Methodology Women were recruited prospectively to this study between February 2019 – March 2021 at the University Medical Centre Maribor, Slovenia. Clinical data was analyzed in correspondence to GATA3 staining. Staining scores were determined according to unit standards with multiplying the percentage of cancer cells and intensity score. A final score of low, medium or high expression of GATA3 was determined by a board certified pathologist. Continuous variables were expressed as median variables (standard deviation) and proportions were reported as percentages. Immunohistochemical scoring was analyzed using a non-parametric test to compare groups. All analyses were done using SPSS for Mac.

Results Sixty-one women with breast cancer participated in this study. The median age was 64 years (min 31 – max 88). Most women had invasive ductal carcinoma (n=46, 77%), followed by invasive lobular carcinoma (n=9, 14.8%) and other histotypes (n=5, 8.3%). GATA3 immunohistochemical expression was not connected to lymph-node metastasis (p>.253), lymph-vascular invasion (p>.103), grade (p>.481), tumour size (p>.335), progesterone expression (p>.763), Ki67 expression (p>.669) or age at time of diagnosis (p>.267). GATA3 expression was only significantly connected to oestrogen receptor expression (p<.030).

Conclusion GATA3 significantly correlates with ER receptor expression, however more detailed large group analyses are needed for clinico-pathological comparisons among different histological subtypes or other markers.