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.

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 Wroclaw Comprehensive Cancer Center (WCCC) Poland, during the COVID-19 pandemic.

Methodology Demographic, clinical, oncological 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.
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; 83%). 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 12–33) months. The malignant group reported a higher rate of recurrence and cause-specific death than the benign group in all classifications. The Bennet 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 Bennet 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 malignancies such as invasive ductal carcinoma. How-ever our study showed high rates of survival and low incidence of recurrence.

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), lympho-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 clinicopathological comparisons among different histological subtypes or other markers.