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 location (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 12–35) 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.

**2022-RA-1561-ESGO**

**GATA3 EXPRESSION IS SIGNIFICANTLY CORRELATED WITH OESTROGEN RECEPTOR EXPRESSION, BUT NOT CLINICO-PATHOLOGICAL FEATURES IN BREAST CANCER**

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**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 clinicopathological 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), 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.

**2022-RA-1567-ESGO**

**PAPILLARY BREAST CARCINOMA: CLINICO-PATHOLOGICAL CHARACTERISTICS & PROGNOSIS**

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**Introduction/Background** Breast cancer is the most prevalent type of cancer in women. Invasive papillary carcinoma (IPC) is a rare pathological type that accounts for around 3% to 6% of all invasive breast cancers. It is linked to an increased risk of axillary lymph node metastases and lymphovascular invasion. Local recurrence seems to be more frequent.

**Methodology** Data of 70 patients were reviewed retrospectively. Thirty of them were included in our study between 2004 and 2022.

**Results** All of the patients were female, with a mean age of 62. The right breast was the most affected. The tumor was largely situated in the outerupper quadrant. In 76 percent of cases, a breast lump and an axillary lymph node were found, with 20 percent of cases being metastatic. The tumor was classified as T2N1M0 in 50% of cases. ultrasound examination showed a cystic or solidocystic appearance In the majority of cases. The mean histological tumor size was 26 mm. Immunohistochemical studies revealed the positivity of hormonal receptor in 73% and the negativity of HER in all cases. Age, lymphovascular invasion, and tumor necrosis were all significantly correlated to the recurrence-free and overall survival. Local recurrence was observed in 6% of patients. Five-year recurrence-free survival and overall survival rates were 87 and 88 percent, respectively.

**Conclusion** IPC is characterized by aggressive clinicopathologic features. Their prognosis is thought to be poorer than other breast malignancies such as invasive ductal carcinoma. However, our study showed high rates of survival and low incidence of recurrence.

**2022-RA-1583-ESGO**

**Epidemiological & Histopathological Characteristics of Breast Cancer in Tunisia: A Retrospective Study**

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**Introduction/Background** Breast cancer is a serious public health issue all over the world. Despite screening programs, the incidence of locally advanced tumors remains high in developing countries. This study aimed to investigate breast cancer’s epidemiological and histopathological characteristics in Tunisia.
Abstracts

Methodology This retrospective study was conducted at Salah Azaiez institute. It included 334 women treated for non-metastatic breast cancer between January and December 2014.

Results The mean age was 52 years (25–94 years). The age group of 40–50 years represented 36.4%. Young women (younger than 35 years-old) represented 5.6% of patients. The most common symptom was mass in 283 patients, with an average size of 35 mm at presentation, followed by mastodynia and nipple discharge. The mean delay of consultation was 5 months (1–120 months). TNM stage at diagnosis was T2 (34.6%) followed by T4 (24.3%). T1 stage represented only 9.9% of cases. Axillary lymph nodes were found in 151 patients (45.2%). All patients were non-metastatic. Conservative surgery was performed for 27.2% of patients, while 69.7% of cases had radical surgery. Neoadjuvant chemotherapy was given to 86 patients. The predominant tumor histological pattern was invasive ductal carcinoma (78.44%). Mean pathological tumor size was 28.5 mm (0–120 mm), positive axillary lymph nodes were found in 72.7% of cases. Scarf bloom Richardson II was the most frequent grade. Immunophenotyping showed that hormonal receptors were expressed in 61.7% of the tumors HER was over-expressed in 15.9% of cases. Luminal B was the most common molecular subtype.

Conclusion Despite progress in screening initiatives, breast cancer in Tunisia is detected at advanced stages, with a younger population and more aggressive tumors. In order to decrease diagnostic delays and enhance screening and early detection, there is a need for genetic evaluation in our population.

2022-VA-1606-ESGO LAPAROSCOPIC EXCISION OF ISOLATED PELVIC LYMPH METASTASIS OF NASOPHARYNGEAL CARCINOMA

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Introduction/Background Nasopharyngeal carcinoma is the most commonly diagnosed head and neck cancer in Southern Asia. Lymphatic drainage of the nasopharynx is predominantly to the cervical lymph nodes. Patients are presented mostly with cervical region lymph metastasis. Radiation therapy is the main corner of the treatment. distant metastasis of nasopharyngeal carcinoma is commonly metastasis to bone, liver, lung and distant lymph nodes. In this video presentation, we present a case of isolated pelvic lymph node metastasis of nasopharyngeal carcinoma after 1-year disease-free period.

Methodology A 42 year old women diagnosed with a non-keratinizing squamous cell type of nasopharyngeal carcinoma was treated with radiotherapy admitted to gynecologic oncology unit. After 1 year disease-free period Pet-Ct showed an isolated pelvic lymph node recurrence. Laparoscopic excision of bulky lymph node was planned.

Results Step 1: Preparation of retroperitoneal spacesStep 2: Isolation of umbilical artery and n.obturariusStep 3: Isolation of external iliac artery and veinStep 4: Excision of bulky lymph node

Conclusion The patient was discharged 24 hours after surgery. The pathological evaluation showed metastasis of nasopharyngeal carcinoma. Patient was treated with systemical chemotherapy after surgery.

2022-RA-1619-ESGO AGGRESSIVE VASCULAR RESECTION TO ACHIEVE COMPLETE CYTOREDUCTION IN GYNECOLOGIC ONCOLOGY: A SINGLE-CENTER EXPERIENCE

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Introduction/Background Major vascular resection in patients with gynecologic malignancy is rarely performed; however, sometimes, it is necessary to achieve complete cytoreduction. The literature is limited, and we would like to report our results on patients undergoing primary debulking surgery with major vascular resection.

Methodology We aimed to observe the outcome of patients undergoing vascular resection to obtain optimal cytoreduction. Consultant surgeons from our Vascular Surgery Department