

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

Seda Sahin Aker. *Gynecologic oncology, Kayseri city education and training hospital, KAYSERI, Turkey*

10.1136/ijgc-2022-ESGO.465

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 spaces Step 2: Isolation of umbilical artery and n.obturatorius Step 3: Isolation of external iliac artery and vein Step 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-1612-ESGO BREAST ANGIOSARCOMA: EXPERIENCE OF A TUNISIAN ANTI-CANCER CENTER

Takoua Chalouati, Montassar Ghalleb, Amani Jellali, Ines Zemni, Sarra Ben Ltaief, Riadh Chargui, Khaled Rahal. *Surgical oncology department, Salah Azaiez institute, Tunis, Tunisia*

10.1136/ijgc-2022-ESGO.466

Introduction/Background Breast angiosarcoma is rare and aggressive. It accounts for less than 1% of all breast malignancies. It can be developed after external beam radiation therapy or de novo. It has no distinguishing clinical or radiological characteristics, and it is commonly mistaken with other benign tumors.

Methodology We describe seven cases of primary breast angiosarcoma: 6 cases occurred de novo, and one case occurred after external radiation, collected from 1995 to 2022 in our institution.

Results The median age at the diagnosis was 53 years. The tumor size ranges from 1 to 11 cm. Breast ecchymosis was noticed in one case, while six patients presented a palpable mass. Breast imaging didn't show any pathognomic signs. The histological diagnosis was based on the positivity of endothelial markers CD31 and vimentin. One patient had a history of invasive breast carcinoma, initially treated by conservative surgery followed by radiotherapy. Ten years later, she developed an ipsilateral angiosarcoma. Mastectomy was performed. After five months, she developed a recurrence, treated with an excision followed by chemotherapy. Six cases were primary angiosarcoma: 4 patients had a mastectomy. Local recurrences were noted in 2 of them, respectively, after 6 months and 1 year. They had wide excision and flash radiation. The rest of the patients had a lumpectomy with free margins. One of them had 5 years follow-up with no sign of recurrence. 2 patients had pulmonary metastasis. They had chemotherapy; one died after 1 month, and the other is lost of follow-up.

Conclusion The diagnosis of breast angiosarcoma is challenging, as it is frequently mistaken with other benign lesions. Physicians should be aware and consider the diagnosis even when confronted with a benign tumor clinical presentation. Treatment consists on mastectomy and radiation therapy without axillary dissection.

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

Veronica Maggi, Susan Dababou, Simone Garzon, Pier Carlo Zorzato, Anna Festi, Massimo Piergiuseppe Franchi, Stefano Uccella. *Obstetrics and Gynecology, University of Verona, Verona, Italy*

10.1136/ijgc-2022-ESGO.467

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

were present during the procedures. We analyzed the oncologic outcome and the complications to evaluate the feasibility and safety of the procedure.

Results From September 2020 to February 2022, a total of three patients with aggressive pelvic tumors underwent cytoreductive surgery. The first and third patients were diagnosed with high-grade serous ovarian cancer, whereas the second suffered from stromal proliferation. The left external iliac vein resection was performed in the first patient, with no reconstruction needed due to the presence of collaterals. In patient 2, partial resection and reconstruction of the left external iliac artery was performed. The infrarenal inferior vena cava was resected in patient 3. Low-molecular-weight heparin and anti-embolism stockings were administered as thromboprophylaxis. In all three patients, intra/post-operative transfusions of blood components were needed. Vascular postoperative complications were edema of the left inferior limb (patient 1); and compartment syndrome with initial neurologic damage (patient 2), requiring thrombectomy and stenting of the left common iliac, deep and superficial femoral artery, and medial and lateral left lower limb fasciotomy. Both patients with ovarian cancers received adjuvant chemotherapy. Follow-up visits and total body CT scans at 3 and 6 months were negative for recurrence.

Conclusion Surgical management of tumors involving vascular structures can lead to extended and challenging procedures. From our small case series, we believe that in case of tumor infiltrating major vessels, complete resection is feasible and should be performed to achieve optimal cytoreduction.

2022-RA-1631-ESGO ABC OF SURGICAL TEACHING: TIME TO CONSIDER A GLOBAL BLUEPRINT FOR HOLISTIC EDUCATION

¹Michail Sideris, ²Elif Iliria Emin, ³John Gerrard Hanrahan, ⁴Funlayo Odejinmi, ⁵Rebecca Mallick, ⁶Marios Nicolaidis, ⁷George Velmahos, ⁸Thanos Athanasiou, ⁹Vassilios Papalois, ⁹Apostolos Papalois. ¹*Gynaecological Oncology, Queen Mary University of London, London, UK;* ²*North West London School of Foundation Training, London, UK;* ³*University College London Hospital, London, UK;* ⁴*Whipps Cross University Hospital, Barts Health NHS Trust, London, UK;* ⁵*Princess Royal Hospital, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK;* ⁶*Barts and the London School of Medicine and Dentistry, Queen Mary University of London, QMUL, London, UK;* ⁷*Department of Surgery, Division of Trauma, Emergency Surgery, and Surgical Critical Care, Harvard Medical School, Boston, MD;* ⁸*Imperial College London, London, UK;* ⁹*Special Unit for Biomedical Research and Education School of Medicine, Aristotle University Thessaloniki, Thessaloniki, Greece*

10.1136/ijgc-2022-ESGO.468

Introduction/Background Educating and equipping students and trainees into clinicians capable of meeting healthcare demands and service provision needs is essential. Unprecedented events like COVID-19 pandemic, highlight urgent need for reformation of training to ensure high quality education is maintained. To this end, we describe an innovative and globally adaptable blueprint for establishing a surgical curriculum, aiming to optimize preparation of future surgeons

Methodology We used a structured protocol to synthesize evidence from previous systematic reviews focused on surgical education alongside a series of focused original educational studies. This approach allowed incorporation of prospectively applied novel ideas into the existing landscape of published

evidence. All material used for this proof of concept derives from the outputs of a dedicated research network for surgical education (eMERG).

Results We propose the foundation blueprint framework called ‘Omnigon iG4’ as a globally applicable model. It allows adaptation to individual local educational environments for designing, appraising and/or refining surgical curricula. We also describe the ‘Omnigon iG4 Hexagon Pragmatic Model,’ a novel perspective model which assesses the performance of our blueprint in a multi-layer fashion. This ‘Hexagon’ model is the first to introduce pragmatic outcomes in curricula performance assessment.

Conclusion This proof of concept, ‘Omnigon iG4,’ proposes an adaptable version of a curriculum blueprint. The framework allows educators to establish a surgical curriculum with the ability to map out competencies, permitting full control over their intended learning outcomes. This can form the basis for developing globally adaptable multifaceted Simulation-Based learning (SBL) courses or even surgical curricula for undergraduates.

2022-RA-1632-ESGO BREAST CARCINOSARCOMA: A REPORT OF AN EXTREMELY RARE ENTITY WITH A REVIEW OF THE LITERATURE

Takoua Chalouati, Montassar Ghaleb, Amani Jellali, Ines Houissa, Fatma Saadallah, Ines Zemni, Maher Slimane, Khaled Rahal. *Surgical oncology department, Salah Azaiez institute, Tunis, Tunisia*

10.1136/ijgc-2022-ESGO.469

Introduction/Background Breast metaplastic carcinoma with mesenchymal differentiation, or carcinosarcoma, is a biphasic malignant tumor. It is composed of malignant epithelial and mesenchymal components. It accounts for less than 1% of all breast malignancies. Our aim was to discuss the clinical aspect, the anatomopathological characteristic, and the evolution of this rare entity.

Methodology We report nine cases of breast carcinosarcoma followed up at Salah Azaiez institute of oncology in Tunis between 2004 and 2022.

Results Our study enrolled nine female patients. The median age was 59 years. One patient had a medical history of breast carcinoma, treated 4 years before developing the carcinosarcoma. In six cases, the tumor was localized in the left breast and in the right side in three cases. Clinically, four patients had T2 tumors, one a T3, three a T4b, and one a T4d. The median size was 8 cm. In the histology, The tumor was triple negative in all cases. Eight patients had radical surgery. conservative surgery was performed in one case. The ninth patient had an adjuvant treatment with chemotherapy and radiation therapy. Metastatic recurrence to the lung and the liver was noted in two cases. The follow-up of the 7 other patients showed no signs of local or distant relapse.

Conclusion Breast carcinosarcomas are rare and aggressive entities. Their clinical and radiological aspects are non-specific. The treatment usually associates surgery to chemotherapy and radiation. Hormonal therapy has no place due to the usual absence of hormonal receptors.