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 antiembolism 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.

**ABC OF SURGICAL TEACHING: TIME TO CONSIDER A GLOBAL BLUEPRINT FOR HOLISTIC EDUCATION**

1Michail Sideris, 2Elif Illiia Erim, 3John Gerrard Hanrahan, 4Funlayo Odejimi, 5Rebecca Mallick, 6Marinos Nicolaides, 7George Velmahos, 8Thanos Anthanasiou, 9Vassilios Papalois, 10Apostolos Papalois. 1Gynaecological Oncology, Queen Mary University of London, London, UK; 2North West London School of Foundation Training, London, UK; 3University College London Hospital London, London, UK; 4Whips Cross University Hospital, Barts Health NHS Trust, London, UK; 5Princess Royal Hospital, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; 6Barts and the London School of Medicine and Dentistry, Queen Mary University of London, QMUL, London, UK; 7Department of Surgery, Division of Trauma, Emergency Surgery, and Surgical Critical Care, Harvard Medical School, Boston, MD; 8Imperial College London, London, UK; 9Special Unit for Biomedical Research and Education School of Medicine, Aristotle University Thessaloniki, Thessaloniki, Greece

**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.