

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

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