

in our series was 71 years. Stage T2 was predominantly observed (46.3%), and forms classified T4 represented (20.4%) of the tumors. The disease was metastatic at diagnosis in one case. The lymph node was positive in 19 patients (35.8%). 66.7% of the patients were luminal A, 14.9% were triple-negative 16.7% were luminal B, and 1.9% were human epidermal growth factor receptor-2-positive type.

Neoadjuvant chemotherapy was performed in 8 cases of locally advanced cancers. Surgical treatment was radical and conservative in respectively 37% and 61.1% of cases. Adjuvant Chemo and radiotherapies were performed in respectively 29.6% and 79.6% of cases. Hormonotherapy was administered to 83.3% of patients. Trastuzumab was administered to 3.7% of the patients.

Recurrences were noted in 1.9% of cases, and distant metastases in 5.5% of cases.

Overall survival and progression-free survival at 5 years were 85.3% and 90.6% respectively.

Conclusion Breast cancer in the elderly has, however, poorer outcomes with lower survival rates compared to younger subjects.

Disclosures The conclusions on breast cancer in older women are similar to those on other forms of cancer in the elderly. The main determinants of outcome and survival are tumor characteristics and comorbidities, not age itself.

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PSEUDO-ANGIOMATOUS HYPERPLASIA OF MAMMARY STROMA: A SERIES OF FIVE CASES

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Introduction/Background Pseudoangiomatous stromal hyperplasia (PASH) is a rare but benign mesenchymal proliferative lesion of the breast simulating a vascular lesion. A rare condition overall, PASH is most common in premenopausal women. It's usually an incidental finding but may produce palpable or mammographic mass.

Methodology We retrospectively reviewed data from 2010 to 2018 of patients diagnosed with PASH by surgical excision or image-guided biopsy.

Results In five cases; the patients ranged in age from 33 to 49 years. 2 of our patients had a history of fibroadenoma, and 3 of the patients were nulliparous. The revelation was clinical, with the self-discovery of a breast lump in all cases. 4 patients (58%) were diagnosed on surgical excision of a breast mass, one was diagnosed with core needle biopsy. The tumors ranged in size from 1 cm to 6 cm with the smallest tumor occurring in a 45-year-old woman. Breast masses were more prevalent on the left side than on the right (85% and 15%). All of the patients were treated with surgical excision.

Conclusion PASH may present as a giant tumor in the breast which may achieve a large size with time. Earlier diagnosis and simple surgical excision should be preferred to conserve the breast.

Disclosures Tumorous PASH is treated by local surgical excision with clear margins and the prognosis is excellent, with minimal risk of recurrence after adequate surgical excision.

#741

THE UTILITY OF IL-4, IL-7 AND IL-9 IN THE DIAGNOSIS OF ENDOMETRIAL CANCER

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Introduction/Background Endometrial cancer is currently the most common gynaecological cancer. The number of cases of this cancer is rapidly increasing in high-income countries, which is related to the increasing number of obese patients, as well as the aging population. It is relevant to find new diagnostic biomarkers for endometrial cancer. This study aimed to investigate whether IL-4 (interleukin-4), IL-7 (interleukin-7) and IL-9 (interleukin-9) could be considered as new useful markers for diagnosis of endometrial cancer.

Methodology 93 women diagnosed with endometrial cancer (EC) and 66 patients with non-cancerous endometrial lesions (NCEL) were included in this study. The preoperative plasma IL-4, IL-7 and IL-9 levels were determined by an enzyme-linked immunosorbent assay (SunRed Biotechnology, Shanghai) according to the manufacturer's protocol. Statistical analysis was performed using Statistica 13.3 software. The following statistical methods were used to evaluate the collected research material: statistical description and the non-parametric Mann-Whitney U test of significance. A diagnostic test based on the ROC curve was also used.

Results Median serum levels of IL-4, IL-7 and IL-9 were significantly higher in the EC group compared to NCEL (for IL-4 $p = 0.000023$; for IL-7 and IL-9 $p = 0.000000$). The cut-off level of IL-4 was set at 802.26 pg/mL with the sensitivity of 83.87% and specificity of 50% (AUC = 0.7, $p = 0.000023$). The cut-off level of IL-7 was set at 133.63 ng/L with the sensitivity of 96.77% and specificity of 75.76% (AUC = 0.91, $p < 0.000001$). The cut-off level of IL-9 was set at 228.79 pg/mL with the sensitivity of 69.89% and specificity of 81.82% (AUC = 0.8, $p < 0.000001$).

Conclusion It was concluded that all the proteins studied could be potential diagnostic markers in endometrial cancer, particularly highlighting the importance of IL-7.

Disclosures There is no potential conflict of interest to report.

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MULTICYSTIC BENIGN MESOTHELIOMA MISDIAGNOSED AS OVARIAN MASS

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Introduction/Background Benign multicystic mesothelioma is a rare form of neoplasm that originates from the peritoneum with a tendency to develop predominantly in the pelvic peritoneum. The lesions develop closely or in the uterus, ovaries, rectum, bladder and omentum.

Etiopathology is still unstudied but different thesis are proposed such as chronic inflammation or endometriosis.