REAL-LIFE EXPERIENCE OF PAZOPANIB IN UTERINE LEYOMIOSARCOMA (U-LMS) IN A TERTIARY ONCOLOGIC CENTER IN ITALY: EVALUATION OF SAFETY AND EFFECTIVENESS

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Introduction/Background U-LMS is a rare entity, that needs to be referred to highly specialized sarcoma centers. Despite large number of genomic mutations in soft-tissue sarcomas no targeted-therapy is effective and systemic chemotherapy (CT) represents gold standard treatment of advanced U-LMS. The antiangiogenetic agent pazopanib is an oral multitargeted tiro-sine-kinase inhibitor; it demonstrated a benefit in Progression Free Survival (PFS) of 3 months in a phase III randomized PALETTE trial.

Methodology We retrospectively investigated outcomes of pazopanib in patients with metastatic U-LMS in a tertiary oncologic center in Italy. Endpoints included response rate, progression free survival (PFS) and safety.

Results From September 2013 to March 2023, 30 women with metastatic U-LMS received Pazopanib. Most patients (93%) had a good performance status (PS ECOG 0–1) and median age was 53 years old (38–72 years old). The most frequent site of metastases was lung (70%) and the median number of previous chemotherapy was 3 (range 2–5). All patients started Pazopanib at 800 mg daily; 23% of patients required dose reduction. The most common grade (G) 3 events were hepatic toxicities (HT), nausea and vomiting (7%). Two patients definitively interrupted due to drug-related toxicities: one for anasarca and one for HT. Disease control rate was 43%, with 19% of partial responses. We recorded 4 complicated responses: 1 pneumothorax, 1 intestinal perforation, 1 intestinal occlusion and 1 emoftoe due to pulmonary cavitation. In the overall population median PFS was 3 months; in the responders subgroup was 7 (range 4–21). Four patients are still on treatment after a median period of 6 months.

Conclusion Unselected patients treated with Pazopanib in real life had a PFS and safety consistent with literature. Responder patients have a greater benefit from treatment with durable responses. However, clinicians must be careful during treatment due to the possibility of complicated response.

Disclosures The authors have no conflicts of interest to disclose.

COLOID (MUCINOUS) BREAST CANCER ABOUT 10 CASES

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Introduction/Background Colloid or gelatinous carcinoma is a rare histological form, representing 1 to 6% of all breast cancers. It usually appears after 70 years. It is evoked in mammography before a limited opacity or micro-lobulated in an elderly woman. The well-circumscribed limits focus a priori on the pure type, while the ill-defined margins focus more on the mixed type. The majority of cases do not express HER-2 and have positive hormonal receptors. The prognosis is excellent.

The purpose of our work is to clarify the anatomical, immunohistochemical and evolutionary features of this particular entity.

Methodology We carried out a retrospective study of patients treated for colloid breast cancer at the Medical Oncology Department of the Tlemcen University Hospital Centre.

Results Ten patients were collected.

The average age is 55 years [38, 81]. The main reason for consultation is the discovery of a nodule at autopalpation. The average evolution time is 14 months [1.60]. The average size is 4.1 cm [2.10]. The right breast is most affected (7/10). The upper-outer quadrant is the most common seat (8/10).

The majority of patients were diagnosed at a localized stage, classified as T2N0M0 in 7 patients. All of our patients received radical Patey surgical treatment.

The pathological study is in favor of a colloid carcinoma, grade III (3/10), with lymph node invasion (4/10), positive hormonal receptors (9/10), Her 2 negative (10/10). Adjuvant chemotherapy based on anthracycline (7/10) followed by Taxane (3/10), hormone therapy (9/10) and radiation therapy (5/10). Two patients received adjuvant hormone therapy alone.

After a median follow-up of 76 months, 9 patients are still followed in consultation.

Conclusion Colloid (mucinous) breast carcinoma is a rare variety, occurring mainly after menopause with a favorable prognosis in its pure form.

Disclosures Our results are compatible with the theoretical data already published.