

#295 UTERINE SARCOMAS: TEN YEARS EXPERIENCE IN A TERTIARY HOSPITAL

Claudia Sánchez-Arévalo Crespo*, Reyes Oliver Pérez, Joana Izquierdo De La Fuente, Beatriz Olivares Romera, Lucía Parrilla Rubio, Blanca Gil Ibáñez, Jose Miguel Seoane Ruiz, Gregorio López González, Alvaro Tejerizo García. *Hospital 12 de octubre, Madrid, Spain*

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Introduction/Background Uterine sarcomas are an aggressive and rare entity, so uncertainty remains about their optimal management and prognostic factors.

The aim of this work is to study the cases of uterine sarcomas in a tertiary hospital, its diagnosis and treatment and to determine the influence of different variables on the survival and recurrence of these neoplasms.

Methodology We conducted a retrospective study including all patients diagnosed with uterine sarcoma between 2012 and 2022 (excluding carcinosarcoma) in a tertiary hospital in Madrid (Spain). A descriptive study is carried out and subsequently a survival analysis is performed in order to establish the prognostic factors.

Results A total of 24 cases of uterine sarcomas were studied. 13 patients (54.2%) were premenopausal and 11 (45.8%) postmenopausal. 9 cases (37.5%) presented as abnormal uterine bleeding, 5 (20.8%) postmenopausal bleeding, 3 (12.5%) constitutional syndrome, 1 (4.2%) coitorrhagia, 5 (20.8%) myoma growth, 1 (4.2%) pain. Transvaginal ultrasound was suspicious in 12 cases (50%). MRI was performed in 12 patients (50%), in 10 of which it was suspicious for malignancy. Three cases (12.5%) were inoperable. Hysterectomy with bilateral adnexectomy was performed in 17 cases (70.8%). In 3 cases (12.5%) pelvic exenteration was performed. In 1 case (4.2%) cervical amputation with bilateral adnexectomy was performed (previous subtotal hysterectomy for suspected myoma). The pathological anatomy was: 1 (4.2%) adenosarcoma, 1 (4.2%) fibrosarcoma, 17 (70.7%) leiomyosarcoma, 4 (16.7%) endometrial stromal sarcoma, 1 (4.2%) undifferentiated sarcoma. Median global survival was 4.73 years. The median disease-free interval was 3.5 years. None of the variables studied can be considered a predictor of overall survival or disease-free interval.

Conclusion Further studies with larger sample sizes are needed to determine the prognostic factors of uterine sarcomas in order to improve the diagnostic and therapeutic strategy for this group of aggressive gynaecological malignancies.

Disclosures There is no conflict of interest among the authors.

#344 PREDICTIVE FACTORS OF RESIDUAL DISEASE IN MASTECTOMY SPECIMEN AFTER BREAST CONSERVATIVE SURGERY

¹Ines Houissa*, ¹Bouhani Malek, ²Yoldez Houcine, ¹Saida Sakhri, ¹Hanen Bouaziz, ¹Tarek Ben Dhieb, ²Maha Driss. ¹Department of surgical oncology, Salah Azaiez Institute, Tunis, Tunisia; ²Pathology department, Salah Azaiez Institute, Tunis, Tunisia

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Introduction/Background Breast conserving surgery(BCS) has become a treatment standard for patients with early-stage breast cancer. One of the key tenets of BCS is achieving clear margins, as positive margins are associated with a high rate of local recurrence. we aim to investigate the predictive factors of residual disease(RD) in mastectomy after BCS with positive margins to carcinoma in situ(CIS)

Methodology We retrospectively reviewed the clinical record of 47 patients diagnosed with stage I-II breast cancer who underwent BCS with margins containing foci of CIS (2007–2020) in Salah Azaiez Institute

Results the patients' mean age was 53.54 years old presenting with a stage I and II breast cancer in respectively 18.8% and 79.2% of cases.

All the patients underwent a BCS associated with axillary lymph node dissection in 89.36% of cases.

In the final pathological report, most of tumors(95.7%) were unifocal invasive breast carcinoma of non-specific type, of histological grade II(53.2%) with a mean size of 21mm . CIS was associated in 68% of cases and lymph node involvement was noted in 44.7% of cases.

All the patients had positive margins containing foci of CIS with micro-infiltration noted in only 14.9% of cases.

A completion mastectomy(CM) was performed for all the patients. RD was stated in 27.7% of patients. Of them, invasive carcinoma was noted in 61.53%.

We studied the impact of age, initial tumor size, disease stage, histological grade, presence of lympho-vascular invasion and presence of CIS with micro-infiltration in the margins on the presence of residual disease in the CM but no statistical significance was found.

Conclusion This study failed to identify predictive factors of the presence of RD in the CM after BCS with positive margins to CIS.

Further studies including a bigger population are needed to identify the burden of the additional surgery, disease outcome and help guide the surgeon in the decision of CM.

Disclosures the authors have nothing to disclose.

#373 THE COMBINED GENOMIC AND IMMUNOHISTOCHEMICAL TUMOR PROFILING AS A TOOL OF PRECISION ONCOLOGY APPROACH IN THE REAL-WORLD COHORT OF PATIENTS WITH GYNECOLOGICAL CANCERS

¹Markéta Bednaríková*, ¹Michal Eid, ¹Lucie Ehrlichová, ¹Jitka Hausnerová, ¹Sára Vilmanová, ¹Alena Kopková, ¹Renata Taslerová, ¹Martina Jelínková, ¹Luboš Minár, ¹Michal Felsing, ²Petra Ovesná, ¹Martin Gryc, ²Ondrej Slabý, ¹Vít Weinberger. ¹University Hospital, Brno, Czech Republic; ²Masaryk University, Brno, Czech Republic

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Introduction/Background The program of the applied precision oncology approach using combined genomic and immunohistochemical (IHC) analyses to develop individual treatment plans in adult patients (pts) with solid tumors has been established in University Hospital Brno since March 2021. We hereby report the results achieved in patients with gynecological tumors.

Methodology Patients undergoing systemic treatment with palliative intent are referred to Molecular Tumor Board (MTB). Whenever possible, the molecular analyses using next-gene sequencing (NGS) together with IHC analyses of key potential targets as requested by the referring physician are performed. The patients whose tumors show an aberration are treated with matched targeted therapy proposed by MTB, when available.

Results Between March 2021 and April 2023, 76 pts with gynecological tumors were referred to MTB; 45 (59%) with ovarian cancer, 15 (20%) uterine cancer, 11 (14%) cervical cancer, 4 (5%) with vaginal/vulvar cancer and 1 (1%) with