Clinical management and outcomes of uterine sarcomas

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Introduction/Background Uterine sarcomas are a heterogeneous group of rare mesenchymal tumors that account for 4% of malignant tumors of the uterus. They include leiomyosarcoma, low-grade endometrial stromal sarcoma (ESS), high-grade ESS, undifferentiated sarcoma and adenosarcoma (WHO, 2020). Although primary treatment is surgical, there is no evidence in favor of adjuvant treatment, but given the high rate of recurrence and poor prognosis it could be used in high-risk sarcomas.

Our objective is to evaluate clinical management, the addition of adjuvant treatment and outcomes in women with uterine sarcomas.

Methodology Retrospective study of women treated in a tertiary center in Madrid (Spain) with uterine sarcoma from 2009 to 2022.

Results Twenty-eight women were recruited. Twenty-one patients were uterine leiomyosarcomas (75%, 21/28), 1 low-grade ESS (3.6%, 1/28), 1 high-grade ESS (14.3%, 4/28), 2 undifferentiated sarcoma (7.1%, 2/28) and 3 adenosarcomas (10.7%, 3/28). The surgical stages of the tumors were IA: n=2; IB n=12; IIB n=3; IIIA-B n=4; IVA-B n=7. Mean age of patients was 59.3 years (range: 37–80). Surgical management was performed in 25 women, for postmenopausal metrorrhagia (n=8, 32.0%), persistent pain (n=7, 28.0%), hypermenorrhea (n=3, 12.0%) or suspicious myomas (n=6, 24.0%) with hysterectomy and double adnexectomy (n=21, 84.0%), tumor biopsy/partial resection (n= 2, 8.0%) or total cytoreduction (n=2, 8.0%). Adjuvant chemotherapy was administered in 10 patients (35.7%, 10/28) including gemcitabine, doxorubicin or adriamycin. Initial radiotherapy was given in 7 women (25.0%, 7/28). Fourteen women (50%, 14/28) had some type of recurrence: peritoneal (n=5), pulmonary (n=4), pulmonary and peritoneal (n=1), other (n=4).

Sixteen women (57.1%, 16/28) died in the study period with a mean survival time of 768 days (range: 8–1999 days) after surgery. Survival women had a follow-up period ranging 16 months-13 years.

Conclusion Uterine sarcoma can be a threatening condition regardless of surgical, chemotherapeutic or radiotherapy treatment with high mortality rate and recurrence.

Disclosures The clinical management of uterine sarcomas is complex. We must be aware of possible recurrences despite surgical, chemo or radiotherapy treatment, especially at the pulmonary and peritoneal level, assuming a high mortality rate.

Diagnostic value of hook wire localization technique for non-palpable breast lesions: A single institution experience

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Introduction/Background The reliability and safety of imaging-guided hook wire localization (HWL) biopsy for non-palpable lesions in early breast cancer diagnosis has been established, we aim to evaluate the reliability of this approach for subclinical lesions and to assess sensibility and specificity of preoperative imaging evaluation.

Methodology We retrospectively analyzed 34 patients who underwent a HWL surgical excision for non-palpable breast lesions at Salah Azaiez Institute (2019 to April 2023). Pathological examination was considered as a gold standard.

Results Histology of breast cancer was found in 9 cases.

Radiological classification was as follows: BIRADS 5 in 3 cases (8.8%), BIRADS 4 in 30 cases (88.23%) and BIRADS 0 in 1 case.

All surgical specimens were carried out under mammographic guidance. Systematic cavity margins were performed. Frozen section examination was not indicated.

The overall malignancy rate was 29.4% (10 cases) including 7 cases of carcinomas in situ (CIS), 2 invasive ductal carcinomas (IDC), 1 invasive lobular carcinoma (ILC); found in 40% of cases on both lumpectomy and cavity margins.

The diagnosis of malignancy was reported in 9 patients (42.85%) of 21 BIRADS 4 cases (7 CIS, 1 DCI, 1 LCI) and in 1 case among 3 BIRADS 3 lesions (IDC).

In BIRADS 4, we found: 4A (4/11.8%) 4B (19/55.9%) and 4C (7/20.6%). The number of positive lesions were nine : 1 (IDC), five (CIS) and three : 2 CIS and 1 ILC respectively.

Concerning benign lesions, the most frequent lesions found were epithelial hyperplasia and fibrocystic disease in six cases (28.6%) respectively followed by complex mastopathy in four cases (19%) and fibroadenoma in three cases (14.3%).

In 2 lesions, surgical excision was not contributory.

Microcalcifications were found in the surgical specimen in all diagnosed malignant lesions and in 15 cases (68%) of benign lesions.

The sensitivity, specificity, VPP and VPN of mammography findings was respectively 90%, 75%, 40% and 75%

Conclusion Wire-free localization systems have been developed recently to counter some disadvantages of HWL (risk of migration). Future studies will be required to determine the long-term effects of using these innovative procedures.

Disclosures the authors have nothing to disclose.