physician's choice. Follow up and potential retroperitoneal recurrence of the disease was analysed.

Results From 2016 to 2023 16 women were surgically treated (7 low grade endometrial stromal sarcoma and 9 high grade endometrial stromal sarcoma) and only 5 patients underwent pelvic lymphadenectomy. In one case of high grade endometrial stromal sarcoma pelvic lymph nodes were positive, in all other cases lymph nodes were negative. In one case of high grade endometrial sarcoma the disease recurred after one year in pelvic lymph nodes. In all other cases there was no recurrence during follow up after surgical treatment, although there was no lymphadenectomy. In all cases of low grade endometrial stromal sarcoma, the lymph nodes were either negative in case of staging procedure or there were no signs of recurrence of the disease during follow up.

Conclusion According to literature and our data there is no indication to offer a systematic lymphadenectomy in apparent low-grade endometrial stromal. In case of high grade endometrial stromal sarcoma there is need for more studies aiming to determine the role of lymphadenectomy and sentinel lymph node biopsy. Retroperitoneal surgery should be limited in case of lymph nodes recurrences or primary pathological lymph nodes according to preoperative imaging or palpable intraoperative findings.

Disclosures No disclosures.

#1062 ELEVEN YEAR STUDY OF UTERINE SARCOMA IN A SOUTH-ASIAN COHORT – A RETROSPECTIVE ANALYSIS

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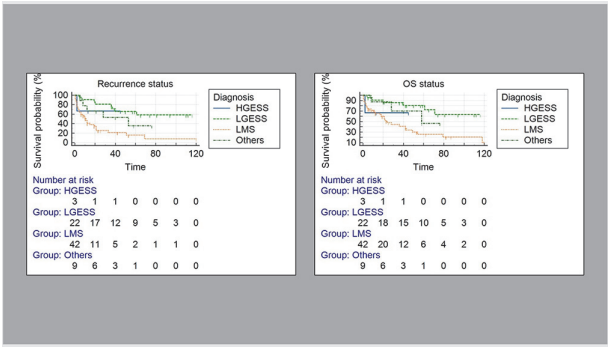
Introduction/Background Uterine sarcomas are a heterogeneous group of mesenchymal gynecological malignancy with low incidence and lack of high level evidence supporting its management esp. in the South Asian population. This study aimed to provide a basis for the management and prognosis of uterine sarcoma in this population.

Methodology Retrospective analysis was done for all patients diagnosed with uterine sarcoma at Tata medical center between August 2011–2022. Clinico-pathological data, treatment and outcomes were recorded and statistically analysed..

Results Data was retrieved for 85 women (9 excluded for incomplete data; N=76). Study cohort included patients from India (80%) and neighboring countries. Median age was 48.5 ±11.8 years at diagnosis. Most common (MC) symptoms included menorrhagia (31.6%), pain abdomen (27.6%) and post menopausal bleeding (23.7%). Only 9.2% patients could be diagnosed pre-operatively. MC pathological subtypes were leiomyosarcoma (LMS; 56.6%) and low grade endometrial stromal sarcoma (LG ESS; 27.6%). 10.5% needed completion surgery while 50% cases required adjuvant treatment. 36.8% (28/76) developed recurrence, mostly in LMS subtype (75%). MC sites were pelvis (46.4%) and lungs (39.2%). 19.7% cases were lost to follow-up. Median disease free survival (DFS) and overall survival (OS) was 21.0 months (mos) and 54.0 mos in the overall population. In the LMS subtype, median DFS was 11.0 mos with hazards ratio (HR) of 4.2 (95% CI 2.2–8.0 and P value 0.0002) as compared to LG ESS. OS for LMS subtype was 24.0 mos with HR of 3.9 (95% CI 1.9–7.8 and P value of 0.0055) compared to LG ESS .

Conclusion Our study is one of the largest study in South Asian population conducted so far and in part reflect clinical characteristics of uterine sarcoma and form the basis for further concerning research. Pre-operative diagnosis remains a challenge. Large prospective studies with long term follow up are needed to guide treatment options in uterine sarcomas.



Abstract #1062 Figure 1

Disclosures nil

#1075 FASTER 28 DAY DIAGNOSIS: DOES 'STRAIGHT TO TEST' IMPROVE TIME TO DIAGNOSIS FOR SUSPECTED OVARIAN CANCER

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Introduction/Background Gynaecological cancers are the second most common cancers in the female population. Timely diagnosis is important in improving survival outcomes for ovarian cancer as delays in receiving first treatment can result in higher stage at diagnosis leading to higher levels of non standard treatment or no treatment. The number of patients referred with suspected cancer symptoms continues to rise putting more pressure on rapid access services working at full capacity to meet nationally agreed cancer diagnosis targets across the UK. There is an urgent demand for more efficient cancer pathway developments to prevent delays in ovarian cancer diagnosis. We present a comparison of our cancer target outcomes following the introduction of a straight to test pathway for patients presenting with symptoms suggestive of ovarian cancer.

Methodology Data was collected retrospectively from electronic patient records on patients attending rapid access services with symptoms suggestive of ovarian cancer/raised CA125 and time to diagnosis calculated.

Results 403 patients attended rapid access services during October 2019 and December 2019. 63 of these patients had suspected ovarian cancer symptoms. 30 of these patients required further imaging for diagnosis. 23 out of 30 patients received their diagnosis within recommended targets. (76%). Average time to diagnosis was 4–36 days.

Following the introduction of the new triage system 565 patients were seen in clinic from December 2022 to February 2023. 78 patients had symptoms suggestive ovarian cancer and 25 of these patients were identified as high risk and were sent straight for diagnostic testing. Progressive improvement in

time to diagnosis was seen in comparison to previous data.(55% December, 81% January, 100% February).
Conclusion Introduction of the new triage system to identify high risk patients likely to need further diagnostic testing for suspected ovarian cancer from date of referral shortens time to diagnosis allowing patients to receive timely treatment for ovarian cancer.
Disclosures None

#1083 RARE FORMS OF UTERINE STROMAL TUMOR: (CLINICAL CASES)

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Introduction/Background In the clinical practice of a gynecologist-oncologist, sometimes it may occur the cases of widespread damage to the organs of the abdomen, pleural cavity, and beyond the peritoneal space by tumor tissue consisting of smooth muscle fibers, which can significantly disrupt the function of the affected organs, but is a benign disease by nature. We are talking about disseminated peritoneal leiomyomatosis (DPL) - an extremely rare tumor disease that affects women of reproductive age and is associated with the presence of uterine leiomyoma and endometriosis in the anamnesis and surgical interventions performed in patients for them.
Methodology An analysis of 3 clinical cases of DPL in patients aged 39–49 years (average age 45 years) who underwent surgical treatment at the National Cancer Institute from 2010 to 2021 was carried out. In all 3 patients, the diagnosis of DPL (8898/1) was verified according to the data of pathohistological (using routine staining with hematoxylin/eosin) and immunohistochemical (IHC) studies.
Results All patients underwent surgical treatment with a laparotomy approach, the extent and radicality of which depended on the localization and number of tumor foci. At the time of follow-up, all 3 patients are alive and did not receive any special oncological treatment in the future.
Conclusion Despite certain features of an aggressive course, which can imitate widespread forms of malignant tumors, such as cancer and sarcoma, with damage to the abdominal and pleural cavities, germination in adjacent organs and the retroperitoneal space, disseminated peritoneal leiomyomatosis is essentially a benign disease, with radical surgical removal the tumor substrate of which, patients have an absolutely favorable prognosis for further life. However, taking into account the peculiarities of the biological behavior of the process,, such patients should be treated in highly specialized oncology centers, where all conditions are available to perform cytoreductive surgery.
Disclosures No conflict of interest.

#1097 ANATOMICAL BASIS OF MOST USED FLAPS FOR VULVAR RECONSTRUCTION

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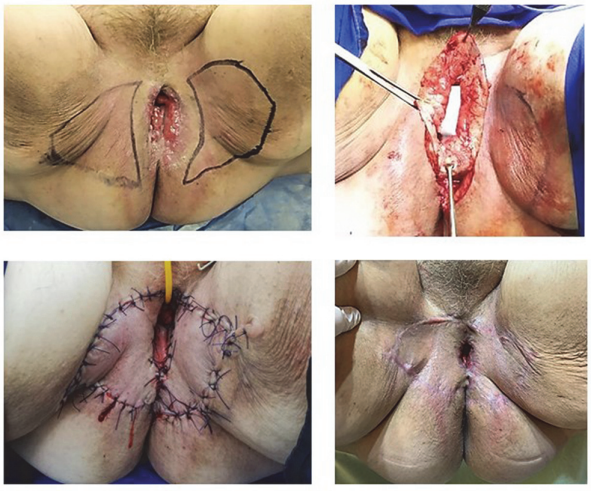
Introduction/Background In recent years, there has been an increase in the incidence of precursor vulvar pathology and vulvar carcinoma in younger women. This is associated with persistent infections caused by the HPV virus. This, together with the classically presented vulvar carcinomas (elderly women, focal lesions on an area of atrophy), have led to seeking surgical treatments with less consequences and sexual and psychological repercussions, since in some cases the extent of excision is extensive, reaching the vulvectomy.
Methodology Faciocutaneous flaps

Are defined by the presence of the aponeurotic or fascial plane in their composition, in addition to the segment of skin and overlying subcutaneous tissue. The fasciocutaneous vascular system is made up of the different dermal, subdermal and fascial plexuses, being interrelated (2).



Abstract #1097 Figure 1 48-year-old patient, diagnosed with vulvar Paget's disease, with multiple excisions and recurrences (4). Wide local re-excision is designed, with a Y-V flap for closure. The final result is presented after 3 months.

Results Fasciocutaneous flaps

Are flaps composed of skin, subcutaneous tissue, and the underlying fascia. They are commonly based on vessels that arise in fascial planes between muscles and do not intrinsically include any muscle in their pattern.

The Y-V flap for the treatment of vulvar defects due to oncological surgery, the flap is designed before surgery with a triangular pattern, the base being the vulvar defect and the apex along the gluteal fold and below the ischial tuberosity.

The flap elevation is performed from medial to distal in a plane above or below the deep fascia, depending on the degree of advancement required. The sensitivity of the flap is ensured by the inclusion of the surface branches of the posterior femoral cutaneous nerve, which must be identified and preserved in the gluteal fold, and the terminal branches of the pudendal nerve. The flap is placed and sutured to the mucocutaneous junction.
Conclusion The Y-V flap is well used in all cases and we also combine it with anothers.
Disclosures these technicsare mandatory to be use in centers of reference.