UTERINE SARCOMA: A CASE SERIES OF 16 PATIENTS

Fathi Mraihi*, 1Montacer Hafsi, 1Jihene Basly, 1Zeineb Ghali, 1Mohamed Mahdi Gharbi, 1Maroua Hajri, 1Amani Mezni, 1Feriel Slama, 1Dalenda Chelli. 1Tunis Manar University, Research Laboratory LR18SP05, D Department, Maternal Center of Tunis, Tunis, Tunisia; 2Menzel Temim Hospital, Gynecology and Obstetrics, Nabeul, Tunisia

Introduction Uterine sarcoma is a rare and aggressive malignancy arising from the smooth muscle or connective tissue of the uterus. Due to its rarity, there is limited information available on the clinical presentation, treatment, and prognosis of this disease. The aim of this study is to report the clinical and pathological features, as well as treatment outcomes of 16 cases of uterine sarcoma.

Methods We conducted a retrospective analysis of 16 patients diagnosed with uterine sarcoma between 2015 and 2021 at our tertiary care hospital. Clinical data, including age, presenting symptoms, tumor characteristics, treatment modalities, and survival outcomes were collected from medical records.

Results The mean age of the patients was 53 years (range: 35–72). The most common presenting symptom was abnormal uterine bleeding (n=11, 68.75%). The majority of the tumors were leiomyosarcoma (n=14, 87.5%). The mean tumor size was 7.4 cm (range: 4–15 cm). The most common treatment modality was surgery (n=14, 87.5%), with adjuvant therapy administered in some cases.12 patients were treated with an initial hysterectomy with bilateral adnexectomy due to the strong preoperative suspicion of uterine sarcoma on radiological data. The overall 5-year survival rate was 43.8%. 4 patients had an initial myomectomy and then a complement by hysterectomy and bilateral adnexectomy was performed after the final anatomopathological examination.

Conclusion/Implications Uterine sarcoma is a rare malignancy with a poor prognosis. Surgery is the mainstay of treatment, and adjuvant therapy may be considered in selected cases.

THE EFFICACY AND SAFETY OF LENVATINIB PLUS PEMBROLIZUMAB IN PATIENTS WITH RECURRENT ENDOMETRIAL CANCER; A JAPANESE SINGLE INSTITUTIONAL EXPERIENCE

Risako Ozawa*, 2Tadaaki Nishikawa, 2Kasumi Yamamoto, 2Kazuki Sudo, 2Tatsunori Shimoi, 1Masaya Uno, 1Yasuhiro Tanase, 1Mitsuya Ishikawa, 1Tomoyasu Kato, 2Kan Yonemori. 1National Cancer Center Hospital, Gynecologic Oncology, Tokyo, Japan; 2National Cancer Centre Hospital, Medical Oncology, Tokyo, Japan

Introduction Lenvatinib plus pembrolizumab (LP) has been approved for the treatment of advanced or recurrent endometrial cancer, but there have been few reports in clinical practice. We aimed to investigate the efficacy and safety of LP in clinical practice.

Methods We retrospectively reviewed the medical records regarding patients who received LP for recurrent or advanced endometrial cancer at our hospital from 2018 to 2023. The overall response rate (ORR), progression-free survival (PFS), and overall survival (OS) were evaluated regarding efficacy, and adverse events were evaluated regarding safety.

Results Twenty-eight patients were included. The median age was 59 (31–78) and the median observation period was 9 months (0.7–45). Regarding mismatch repair status, one patient was deficient and 27 patients were proficient. The histologic subtypes were endometrioid G1/2 in eight patients, endometrioid G3 in nine, carcinosarcoma in four, serous in three, mixed in three, and clear cell in one, respectively. The best response was complete response in one patient (4%), partial response in 11 (39%), stable disease in eight (29%), progressive disease in six (21%), not evaluated in two (7%), and the ORR was 43%. The median PFS and OS were 8.0 and 19.6 months, respectively. Adverse events with grade 3 or higher were observed in 17 patients (61%). Five patients (18%) had to discontinue treatment due to toxicities.

Conclusion/Implications LP showed comparable efficacy to the phase III trial in clinical practice, however, it caused serious adverse events that were different from conventional cytotoxic chemotherapies. It was considered important to manage these toxicities.