younger age groups having lower hazard ratios. Furthermore, the results showed that Black patients have a higher risk of death, with a hazard ratio of 1.314.

Conclusions: There is no significant difference in the survival rates between males and females receiving neoadjuvant therapy, These results highlight the importance of focusing on individual patient characteristics rather than gender alone when devising treatment plans Studies on the role of genetic and molecular markers in predicting patient response to therapy are needed.

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118P Can CD 47 be a targeted treatment in desmoid tumors?

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Background: Desmoid tumors are aggressive tumors with unknown metastasis and differentiation rates. Desmoid tumors with hereditary syndromes can develop in 5-15% of patients with FAP syndrome. CD 47, also known as Integrin-associated protein, CD47 has an important role in many biological processes such as immune cell activation, cell migration and neural development. In this study, we aimed to evaluate the correlation of CD47 expression with prognostic parameters in desmoid tumor cases. Thus, we wanted to evaluate whether anti-CD 47 drugs, which have been studied recently, can be used in desmoid tumors in the future.

Methods: Patients over the age of 18 who were histopathologically diagnosed with desmoid tumor were included in the study. Demographic data of the patients, treatments they received, tumor location, genetic tests if there was a concomitant hereditary syndrome, and CD 47 expression in pathology preparations were evaluated. In the immunohistochemical evaluation of CD47 expression; preparations were evaluated in terms of the extent of expression in tumor cells and the intensity of expression (low, moderate, high expression). Expression characteristics were evaluated with demographic characteristics of the patients, accompanying hereditary syndromes such as FAP, recurrence rates, and surgical responses.

Results: 128 patients diagnosed with desmoid tumor were included in the study. Only 9 of the 128 patients were diagnosed with hereditary familial polyposis syndrome, while the other 121 patients were diagnosed with sporadic desmoid tumor. When the CD 47 staining characteristics of our patients were evaluated as IHC in pathology preparations, only 11 out of 128 patients showed staining characteristics. The staining characteristics were slightly intense in all 11 patients. No significant relationship was found between the staining characteristics and being a sporadic or hereditary disease. None of our patients with a diagnosis of FAP showed CD 47 staining characteristics. Again, no relationship was found between the number of recurrences and the CD 47 staining characteristics.

Conclusions: In our study, we could not detect CD 47 staining feature in both sporadic desmoid tumors and FAP-related desmoid tumors.

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121P Ewing's sarcoma: An insight into a 12-year largest study from a tertiary cancer centre in India

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Background: Ewing's sarcoma (EWS) is an aggressive bone and soft tissue tumor necessitating a multimodality approach for better survival. Comprehensive data on clinical spectrum and treatment outcomes are sparse from low and middle income countries (LMIC). To address this, we analyzed a 12-year cohort from a single academic cancer center.

Methods: Data of patients diagnosed with EWS and treated between Jan 2010 to Dec 2022 were retrieved from medical records and analysed.

Results: The study included 424 EWS patients, with 75.7% (n=321) having localized disease. The median age was 17 years, and 58.5% were male. The most common tumor locations were the chest wall (12%) and pelvic bones (11.3%). Extraskeletal EWS was seen in 34.2% (n=145). Pain (94.8%) and swelling (74.3%) were the most common symptoms. Bulky tumors (>8 cm) were found in 27.8% (n=118) cases. Diagnosis was predominantly by histopathology and immunohistochemistry. Fluorescent in situ hybridisation (FISH) was done in only 8.5% of cases due to financial constraints. Among localized disease cases, only 63% (n=202) completed the planned treatment. Treatments included neoadjuvant chemotherapy (NACT) in 88.8% (n=285), surgery in 40.5% (n=130), radiotherapy in 59.5% (n=191), and adjuvant chemotherapy in 94.7% (n=304). Tumor necrosis >90% was seen in 60% of post NACT resected specimens. The median follow-up was 70 months, with 222 patients (60%) being alive. The median overall survival (OS) for localised and metastatic disease was 112 months and 23 months respectively. For localized disease, the 5 year and 10 year event free survival (EFS) was 45% and 41% respectively, while OS at 5 year and 10 year were 65% and 45% respectively. For metastatic disease, the 5 year OS was 18%. On multivariate analysis, metastatic disease, marrow involvement, incomplete treatment, and recurrence were associated with worse outcomes.

Conclusions: This study represents the largest single center experience. Socio-economic challenges lead to delay in timely access to appropriate care, treatment compliance and follow up. Accessibility and affordability of advanced diagnostics and therapies are a limitation. Despite these, EFS and OS were better than in other studies.

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122P Risk stratification in soft tissue sarcoma: A single-center experience using Sarculator

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Background: Soft tissue sarcomas (STS) are rare, heterogeneous malignancies requiring prognostic tools to guide treatment. Sarculator is a validated nomogram for predicting overall survival (OS) and recurrence risk in resected STS. However, data validating its performance outside its initial cohorts are limited. This study evaluates Sarculator's predictive performance and utility for risk stratification in patients treated with neoadjuvant or adjuvant ifosfamide-epirubicin chemotherapy (CT).

Methods: We retrospectively analyzed 62 STS patients treated with (neo)adjuvant CT at our center (2014–2023). Of these, 32 received neoadjuvant and 30 adjuvant CT. Patient demographics, tumor characteristics, treatments, and outcomes were reviewed. Sarculator-predicted OS was calculated and compared with actual OS at 5 years. Kaplan-Meier survival analyses and log-rank tests evaluated risk groups and survival outcomes.

Results: Median age was 48 years (16–76). Median tumor size was 10 cm; 93.5% presented tumors >5 cm. High-grade tumors (77.4%) predominated. Neurovascular and bone invasion were observed in 38.7% and 12.9%, respectively. Most tumors were in extremities (67.7%) and trunk (21%). 79% receive the expected three cycles of CT. Complete resections (R0) were achieved in 78.5%, while R1 and R2 resections occurred in 12.9% and 9.7%, respectively. 72.6% received (neo)adjuvant radiotherapy. At a median follow-up of 73 months, 58.1% of patients remained disease-free. Recurrence occurred in 41.9% (distant 50%, local 34.6%, combined 15.4%). Five-year OS was 70.8%, comparable to Sarculator's predicted OS of 71%. Stratified by Sarculator, high-risk patients exhibited worse outcomes (OS: 65.9% vs. 77.2%). Risk factors associated with worse OS included high grade (p=0.01), histology (p=0.01), positive margins (R1/R2, p=0.01), retroperitoneal location (p=0.001), relapses (p=0.001). Poor chemotherapy response also correlated with lower OS (p=0.001).

Conclusions: Sarculator effectively stratifies risk in STS patients receiving multimodal treatment. Predicted OS closely mirrored observed outcomes, supporting its integration into clinical decision-making. Further studies incorporating molecular markers may enhance prognostic accuracy.

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