specimens (data sourced from MSKCC, Nat Commun 2022). Clinical data for all patients harboring pathogenic *POT1* variants were extracted.

Results: Pathogenic *POT1* mutations were identified in 3% (9/301) of AS patients. Among these, only one mutation (I78T) was a germline mutation associated with familial melanoma, while the remaining eight were somatic splice-site mutations resulting in a truncated protein. The primary tumor sites included skin in four patients and parotid gland, spleen, and pleura in one patient each. The median age of patients was 62 years (range 46—81), and 7 of 9 patients were male. Co-mutations in *TP53* were observed in 6/8 cases, while no significant associations with other genes were noted. Somatic truncating mutations in *POT1* were the predominant finding.

Conclusions: Our findings show that somatic *POT1* mutations are predominantly truncating, resulting in *POT1* loss, while germline *POT1* mutations are typically point mutations causing missense changes. We propose that germline truncating *POT1* mutations are not compatible with life and, therefore, are not associated with POT1-TPD. This observation should be validated in a larger AS cohort and may facilitate the identification of inherited cases of AS.

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130P Clinicopathologic determinants of prognosis in head and neck soft tissue sarcomas: A multi-factorial survival analysis

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Background: Head and neck soft tissue sarcomas (HNSTS) are a group of rare heterogeneous tumours arising from embryonic mesoderm. They comprise <1% of all head and neck malignancies and 5—15% of all sarcomas with most head and neck sarcomas arising from soft tissues. As a result, the prognostic determinants of this disease have not yet been fully elucidated. This study aimed to examine the prognostic indicators and oncological outcomes associated with HNSTS.

Methods: Between 2014 and 20019, the medical records of 51 adult patients were retrospectively evaluated. Potential prognostic factors were analyzed in relation to overall survival (OS) and disease-free survival (DFS). Univariate and multivariate analyses were conducted using the Cox proportional hazards model to identify clinicopathologic factors associated with DFS and OS.

Results: Rhabdomyosarcoma was the most prevalent tumor type (24%), followed by angiosarcoma (14%). The majority of the patients received treatment with the doxorubicin and ifosfamide protocol. At 5 years, OS was 69%, and DFS was 59%. Univariate analysis revealed that distant or lymph node metastasis at diagnosis, surgical margins, and overall stage were statistically significant prognostic factors for both OS and DFS. Multivariate analysis demonstrated that surgical margins remained a statistically significant factor for DFS, while overall stage remained significant for OS.

Conclusions: This comprehensive analysis establishes surgical margins and overall stage as independent prognostic factors in head and neck soft tissue sarcomas. The findings demonstrate favorable long-term survival outcomes, with 5-year overall survival reaching 69%. These results strongly support the critical importance of achieving clear surgical margins and emphasize the necessity of accurate staging in treatment planning. This evidence provides a robust foundation for clinical decision-making in managing these rare but challenging neoplasms.

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131P Symptoms, fear of cancer recurrence and supportive care needs in gastrointestinal stromal tumor patients undergoing targeted therapy

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Background: The advent of targeted therapies, such as imatinib, has significantly survival time for patients with Gastrointestinal Stromal Tumors (GIST). However, impacts of disease and treatments might also cause distress and care needs to patients. The purposes of this study were to (1) explore the levels of symptom severity, fear cancer recurrence (FCR), and supportive care need, and (2) examine the relationship between supportive care needs and disease/ treatments/main demographic variables and above-mentioned factors in GIST survivors.

Methods: This is a cross-sectional study with consecutive sampling. Patients were recruited from a surgical outpatient clinic in a medical center in Northern Taiwan. Institute Review Board approval was obtained before data collection. Patients were recruited and assessed by two trained research nurses. A set of questionnaires was used which included 'Symptom Severity Scale', 'Fear of Cancer Recurrence Index-42', 'Supportive Care Needs Survey', and 'Background Information Form'. Due to non-normal distribution, the descriptive statistics, Mann-Whitney U Test, Kruskal—Wallis H test, Spearman's rank correlation, and logistic regression were applied for data analysis.

Results: A total of 93 participants were recruited, with mean age as 56.6 years old. The results showed that (1) GIST survivors experienced mild symptom severity with skin color change as the most severe symptom; (2) 50.5% of survivors experienced significant level of Fear of Cancer Recurrence; (3) 68.8% of survivors reported having unmet care needs, and the top three care needs as the descending order were 'system and information care needs', 'psychological care needs' and 'nutritional and symptom care needs'; (4) Overall care needs were associated with frequency of medication, physical function, symptom severity, and FCR. Notably, drug dosage was linked to care needs related to sexuality. Symptom severity and FCR were the most robust predictors of system and information care needs analyzed by logistic regression.

Conclusions: Providing timing and appropriate interventions for GIST survivors taking targeted therapy is essential to reduce their distress and unmet care needs.

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132P Impact of proton pump inhibitors (PPIs) use on clinical response, survival and safety in patients with soft tissue sarcoma treated with pazopanib: A single-centre retrospective analysis

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Background: Pazopanib represents a therapeutic option for patients with soft tissue sarcomas (STS). Concomitant use of PPIs has been implicated in altering the bioavailability of various anticancer and non-cancer drugs. This study aims to investigate the effects of concurrent PPI administration on the clinical activity and efficacy and safety of pazopanib in patients with STS.

Methods: We conducted a retrospective analysis of patients with STS receiving pazopanib, stratified by baseline concomitant use of PPI. Kaplan-Meier survival analysis and multivariate Cox regression were performed to evaluate overall survival (OS) and progression-free survival (PFS). Logistic and linear regression models were used to assess the association between PPI use and treatment response, adjusting for potential confounders, including age, treatment line, polifarmacotherapy and diagnosis. We defined polifarmacotherapy (PFT) patients taking 5 or more drugs (included Pazopanib).

Results: A total of 52 patients were included in the retrospective analysis. 67% of patients (23/52) received pazopanib and a PPIs concomitantly at baseline. In the univariate and multivariate survival analysis, PPI use was significantly associated with reduced OS ($p < 0.05$). There was no significant difference in PFS. Regression analyses showed a significant negative association between PPI use and treatment response ($p<0.05$), however when the multivariate model was adjusted for primary tumor