

**Poster 19:** Uterine Carcinosarcoma with Mixed or Pure Sarcomatous Metastasis: A Case Series

**Presenting Author:** Siena M. Shepherd, MD, University of Texas Health Science Center at San Antonio

Topic

Endometrial

Objectives

This case series reviews three uterine carcinosarcoma (UCS) cases where patients had purely sarcomatous or mixed sarcomatous and carcinomatous metastases.

Methods

Retrospective chart review was conducted to summarize patients' clinical courses and assess tumor histology.

Results

1: A 52-year-old female presented with postmenopausal bleeding (PMB), thickened endometrium, and lytic lesions to the spine. She was treated with neoadjuvant carboplatin/paclitaxel/dostarlimab for stage IVB UCS, then cytoreductive surgery and adjuvant radiation. She developed progressive bone and lung disease. All metastases were primarily sarcomatous. She is now on vincristine/ifosfamide/adriamycin with partial response. 2: A 62-year-old female presented with PMB and a necrotic cervical mass, subsequently diagnosed with stage IIIB UCS. She was treated with chemoradiation. Pathology from interval cytoreductive surgery showed near complete response with a microscopic focus of sarcoma in the right parametrium. She has no evidence of disease and is on maintenance immunotherapy. 3: A 78-year-old female presented with abdominal pain, endometrial mass, and carcinomatosis, subsequently diagnosed with stage IVB UCS. She underwent neoadjuvant carboplatin/paclitaxel/dostarlimab followed by cytoreductive surgery. Pathology revealed extrauterine disease was largely sarcomatous. She was transitioned to gemcitabine/docetaxel/pembrolizumab but developed progressive disease, predominantly sarcomatous. She developed a malignant bowel obstruction and transitioned to hospice.

Conclusions

Limited prospective studies exist to guide UCS treatment, but treatment typically involves primary surgery followed by adjuvant therapy. In these three cases, the extent of initial disease precluded primary surgery. While these patients differed in metastatic sites and treatment specifics, a notable similarity is that all received neoadjuvant therapy followed by cytoreductive surgery. Future studies should examine whether a relationship exists between neoadjuvant therapy and development of mixed or pure sarcomatous metastasis in UCS.