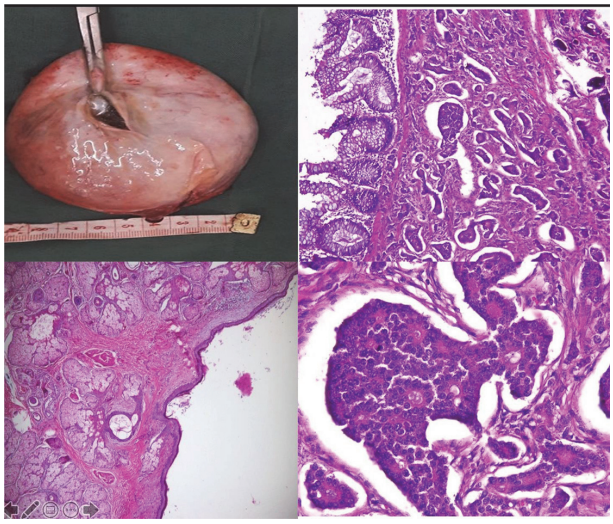
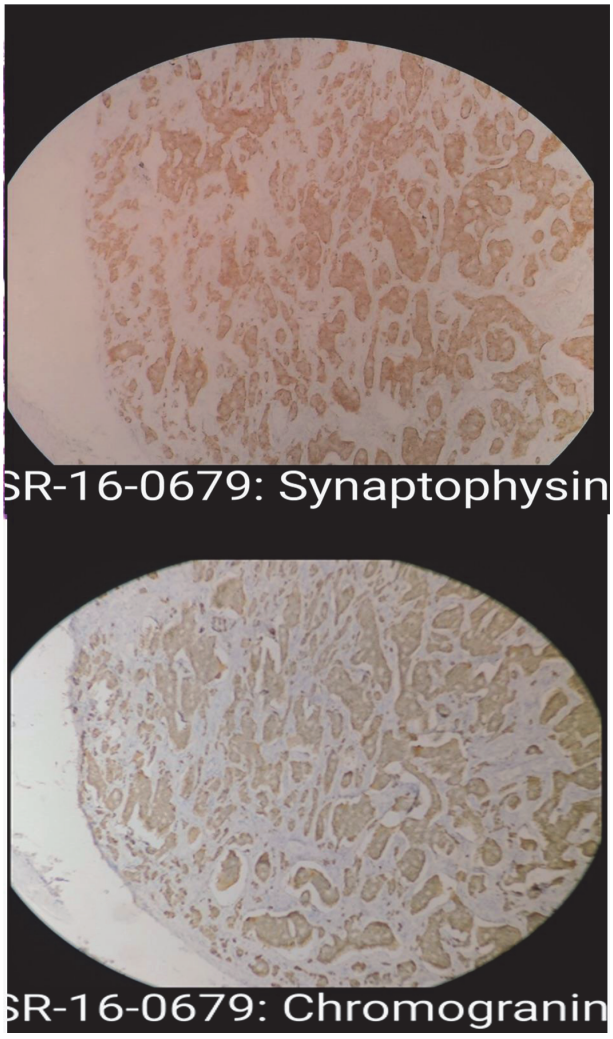


Abstract 424 Figure 1



Abstract 424 Figure 2

carcinoid tumor is surgical excision regardless of histologic type. Thorough histopathologic examination and extensive sampling of a dermoid cyst is necessary to detect malignant transformation.

IGCS20_1462

425 PATTERNS OF RECURRENCE IN LOW-RISK ENDOMETRIAL CANCER- EVIDENCE FOR A CHANGE IN FOLLOW-UP

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Introduction The recurrence rate of low-risk endometrial cancer is reported to be very low. Given the high prevalence of the disease and the low risk of recurrence in this population, the yield from routine gynecological oncology follow up for this group of women is questionable.

Objective To describe the rate and patterns of recurrence in low-risk endometrial cancer in patients with low-risk endometrial cancer.

Methods A retrospective study of all patients with stage 1A, grade 1–2 endometrial cancer that had primary surgical treatment and follow up in our centre was conducted. For patients with recurrent disease, demographics, site of recurrence, presentation, salvage treatment and long-term outcomes were analyzed.

Results 1215 Low-risk endometrial cancer patients were treated with primary surgery between 1981 and 2018. Of these, 24 patients were identified as having had recurrent disease (1.97%). In most patient's recurrent disease (17/24 – 70%) was at the vault/locoregional and was deemed salvageable. Median time to recurrence was three years (range 1–8 years), and 12 patients (50%) were asymptomatic. Of those with symptoms, the most common presenting symptoms of recurrence were vaginal bleeding and abdominal pain.

Conclusion The incidence of recurrent disease in women with low-risk endometrial cancer is low, less than 2%, and indeed is lower than the risk for endometrial cancer in the general population. Hence, the value of routine tertiary follow up is questionable, and alternative models, including community-based review and patient report symptoms, should be strongly supported.

IGCS20_1463

426 THE DIAGNOSTIC VALUE OF MICRORNA SIGNATURE IN ENDOMETRIAL CANCER

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Background MiRNAs are noncoding RNAs that regulate gene expression and contribute to the development of cancer. MiRNAs have been shown to be stable in urine, serum and tissue samples. They may be promising biomarkers for non-invasive detection of EC.

Methods A retrospective cohort study of women diagnosed with EC between January 2017 and December 2017 was performed at the Royal Cornwall Hospital. Archived formalin-fixed paraffin-embedded (FFPE) samples were obtained from

patients with EC and healthy female subjects. MiRNA was isolated and qPCR was used to detect expression levels of miRNAs.
Results A total of 76 women were included; 36 EC patients, 40 healthy controls. A distinct panel of miR-200a, miR-200b, miR-200c, miR-205 and miR-182 showed AUC of 0.958, sensitivity 92%, specificity 89%, positive predictive value of 89% and negative predictive value of 91% in diagnosing EC. MiR-182 expression levels were significantly related to high-grade endometrioid tumours compared to low grade.
Conclusion We demonstrated high diagnostic accuracy of miRNA for detecting EC. In addition, miRNA contributed to improved distinguishing between high-grade and low-grade endometrioid tumours. Validation of miRNA expression levels in urine will be performed in order to further optimise a non-invasive diagnostic tool.

IGCS20_1465

428 PROSPECTIVE EVALUATION OF AN ERAS PATHWAY AT A GYNAECOLOGICAL ONCOLOGY UNIT IN OSLO, NORWAY

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Introduction We prospectively evaluated an ERAS in a large gynaecologic oncology tertiary centre serving the South East Health region in Norway.
Methods Patients undergoing laparotomy for (suspected) ovarian cancer at the Oslo University Hospital were prospectively included in a pre-implementation and post-implementation cohort. Baseline characteristics, adherence to the pathway and clinical outcomes were assessed.
Results Of the 439 patients, 235 (54%) underwent surgery for advanced ovarian cancer and 204 (46%) for a suspicious ovarian mass. Median fasting times for solids (13 vs 16 h, p<0.001) and fluids (3.7 vs 11.9 h, p<0.001) were significantly reduced. Perioperative fluid administration varied less (p<0.001) and was reduced (median 11.5 vs 15.8 ml/kg/h, p<0.001). Epidural analgesia was the mainstay of analgesia in both cohorts, but with ERAS more patients received continuous vasopressor intraoperatively (87% vs 70%, p=0.003). More patients received dual PONV prophylaxis (85% vs 64%, p<0.001). Length of stay remained unchanged for patients with advanced disease with a median of 5 days both before and after the implementation (p=0.94), but patients undergoing surgery for an ovarian mass stayed shorter in hospital after the implementation of ERAS (p=0.026). For all patients, more patients were discharged directly home as opposed to transferred to local referring hospital after ERAS implementation (70% vs 51%, p<0.001). There was no difference in re-admission rates or postoperative 30 d morbidity.
Conclusion Introduction of an ERAS pathway resulted in less variance in practice and increased adherence to current standards in perioperative management. Patients were more often able to be discharged directly home without an increase in admission rates.

IGCS20_1466

429 IDENTIFICATION OF CLINICOPATHOLOGICAL PROGNOSTIC FACTORS IN RECURRENT ENDOMETRIAL CANCER

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Objectives Although, endometrial cancer (EC) is commonly diagnosed at an early stage and has a favorable prognosis, recurrent disease usually shows poor prognosis. However, clinicopathological prognostic factors for recurrent EC have been still unclear. The current study aimed to identify clinicopathological prognostic factors, especially in long term survivors of recurrent EC.
Methods We collected 2044 patients who underwent surgery including hysterectomy and were pathologically diagnosed as EC in our hospitals between 2001 and 2018. Clinicopathological information and survival data were retrospectively obtained by the review of medical record. Among 2044, 131 patients were included in this retrospective analysis. In recurrent cases, we analyzed the prognostic factors for long-term survivors of recurrent EC. Then we defined long-term and short-term survivors, as patients who survived ≧ 3 years (n =53) and died within 3 years (n =78) after first recurrence, respectively. The correlation between prognosis and clinicopathological factors was statistically analyzed.
Results In the multivariate analysis of long-term survivors, we identified that TTP ≧ 1 year after surgery (P <0.01), surgical reduction of the first recurrence (P =0.03), non-peritoneal metastasis (P =0.045), were significantly associated with the long-term survivors of recurrent EC.
Conclusion TTP ≧ 1 year after surgery, non-peritoneal metastasis, surgical reduction of first recurrence were good prognostic factors of long-term survivors in recurrent EC.

IGCS20_1467

430 MACHINE LEARNING MODELS TO PREDICT SURVIVAL OUTCOMES AFTER RADICAL HYSTERECTOMY ACCORDING TO SURGICAL APPROACH IN PATIENTS WITH FIGO STAGE IB CERVICAL CANCER

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Objective To develop preoperative machine learning models predicting survival outcomes according to the surgical approach in early-stage cervical cancer.