no mapping hemipelvis is recommended. Nevertheless, most hemipelvis lymphadenectomies showed no nodal involvement. Previously, we published a preoperative predictive score of nodal involvement. In case of a negative score (value 3–4), the risk of nodal metastases was extremely low. The present multicentre study aims to validate the predictive score of nodal involvement in patients undergoing nodal assessment.

Methods EC patients undergoing surgical treatment with nodal staging were included in the analysis. A preoperative predictive score of nodal involvement was calculated for all patients before surgery was performed. The score included myometrial infiltration, tumor grading (G), tumor diameter, and Ca125 assessment. STARD (standards for Reporting Diagnostic accuracy studies) guidelines were followed for the score accuracy.

Results 1038 patients were included in the analysis and 155 (14.9%) nodal metastases were detected. The score was negative (3 and 4) in 475 patients and positive (5–7) in 563 cases. The score showed 83.2% sensitivity, 50.8% specificity, 94.5% negative predictive value, and 55.7% diagnostic accuracy. The area under the curve (AUC) was 0.75. The logistic regression between negative score and absent nodal metastases showed OR 5.133, 95% CI (3.30–7.98), p <0.001.

Conclusions The nodal preoperative predictive score is a fair diagnostic test. The risk of nodal metastasis is extremely low in case of negative score. In SLN failure, the application of the present score associated with SLN algorithm could avoid unnecessary lymphadenectomies.

EPV146/#133 ACCEPTABILITY OF BARIATRIC SURGERY IN YOUNG WOMEN WITH ENDOMETRIAL CANCER AND ATYPICAL ENDOMETRIAL HYPERPLASIA: A QUALITATIVE STUDY

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Objectives Endometrial cancer (EC) or atypical hyperplasia (AH) in young women with obesity is often the first significant obesity-related comorbidity they experience. Significant, sustained weight loss through bariatric surgery may result in a durable response by addressing obesity directly, and subsequently improve oncologic and reproductive outcomes. However, it is not known whether bariatric surgery is acceptable to this patient population.

Methods We performed a qualitative study to understand the acceptability of bariatric surgery among women of reproductive age with BMI $\geq$ 35 and grade 1 EC/AH. Semi-structured interviews were used to explore participant perceptions towards their weight, fertility, and the possibility of bariatric surgery as part of the treatment strategy for their EC/AH.

Results Eleven participants with median age of 33 years (range 27–38) and BMI of 42.1 (35.1–56.9) were interviewed. Two (18%) participants had grade 1 EC, and 9 (82%) had AH. Patients were reluctant to accept bariatric surgery as a treatment option due to 1) lack of knowledge about the procedure, 2) stigma attached to bariatric surgery, and 3) fear of the unknown. The desire to conceive was highlighted as the strongest motivator for patients to consider bariatric surgery. Their perception towards their weight, fertility and diagnosis of EC/AH were characterized by concepts of 'helplessness', 'isolation', 'frustration' and 'guilt'. We observed a significant gap in participant understanding of the complex interplay between their cancer, fertility and obesity.

Conclusions We need to provide patient-oriented counseling on implication of their weight on their cancer and fertility, before presenting bariatric surgery as a treatment option.

EPV147/#253 LIVE BIRTH, REMISSION AND RELAPSE RATES FOR FERTILITY-PRESERVING TREATMENTS OF ENDOMETRIAL ADENOCARCINOMA: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Objectives Endometrial adenocarcinoma affects over 380,000 women annually, with increasing incidence primarily driven by obesity. 5–7% of women are below 45 years at diagnosis, and many of these desire fertility-preservation rather than standard surgical treatment. This updated review aims to inform decision making in clinical practice, by evaluating the efficacies of different fertility-preserving treatments on the live birth, regression and relapse rates for women with endometrial carcinoma desiring fertility.

Methods A systematic search was performed of Medline, Embase, Central, & Cochrane, to identify studies describing fertility-preserving treatment for endometrial cancer. Patients were divided into 3 treatment groups: systemic progestogens, intra-uterine progestogens, or hysteroscopic resection with adjuvant progestogen. A random-effects meta-analysis model was used.

Results 41 observational studies met inclusion criteria, with 1057 patients in total. The proportion of women receiving systemic progestogens who achieved a live birth was 18.1% (95% CI 12.6–23.7%), remission 71.5% (95% CI 66.5–76.4%) and relapse 20.3% (95% CI 13.1–27.4%). For intra-uterine progestogens, the proportion achieving a live birth was 13.3% (95% CI 11.1–15.5%), remission 65.9% (95% CI 53.0–78.8%) and relapse 2.86% (95% CI 0.0–9.16%). For hysteroscopic resection, the proportion achieving a live birth was 19.1% (95% CI 8.79–29.5%), remission 82.7% (95% CI 73.1–92.3%) and relapse 6.80% (95% CI 1.72–11.9%).

Conclusions Although the quality of evidence is limited, these results demonstrate that hysteroscopic resection with adjuvant progestogen is associated with the highest rates of live birth and remission. This enables women considering such treatments to be fully counselled on the realistic possibilities of their desired reproductive and oncological outcomes.

EPV148/#91 OUTCOMES OF VARIOUS FERTILITY-SPARING OPTIONS FOR EARLY CERVICAL CANCER PATIENTS VERSUS ABDOMINAL RADICAL HYSTERECTOMY: ONE CANCER CENTER TEN-YEAR EXPERIENCE

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Objectives Cervical cancer (CC) is one of the most common malignant neoplasms and is diagnosed at the youngest middle

age among all gynecological cancers. To examine the oncologic and reproductive outcomes of fertility-sparing surgery (FSS) compare to abdominal radical hysterectomy (ARH) in women with early stage CC.

Methods Retrospective data were analyzed from 121 patients with IA2-IB1 and IIA1 CC stages treated at NN Alexandrov National Cancer Centre of Belarus from 2009 to 2018.

Results A total of 83 patients met the FSS inclusion criteria. Thirteen patients were excluded. The rest of 70 patients were selected in FSS study (group 1). Patients were stratified for 3 types of FSS. The results of treatment in group 1 were compared with 51 patients (group 2), whom ARH was performed. Five-year overall survival and 5-year disease-free survival (DFS) were similar between the two groups – 93.1% (SE 4.0%) vs 98.0% (SE 2,0%), p=0.431; and 88,3% (SE 4.2%) vs 92,1% (SE 3.8%), p=0.594, respectively. Similarly, 5-year DFS rate were comparable between groups for all the stages examined. During follow-up 9 pregnancies were achieved in 6 patients. Most pregnancies (6/9, 66.7%) and all deliveries (4) occurred in the ultraminimal FSS subgroup whose patients underwent amputation and pelvic lymphadenectomy.

Conclusions Within this population of early CC patients, equivalent oncologic outcomes have been achieved for FSS group were ultraminimal and minimally invasive approaches were used to compare with ARH group. The fertility-preserving procedure had clear advantages of less invasive access surgery in terms of reproductive outcomes compared to ART.

EPV149/#132 PERFORMANCE CHARACTERISTICS OF BRIEF FAMILY HISTORY QUESTIONNAIRE TO SCREEN FOR LYNCH SYNDROME IN WOMEN WITH NEWLY DIAGNOSED OVARIAN CANCERS

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Objectives Ovarian cancer (OC) is the third most common Lynch syndrome (LS)-associated cancer in women but there is no established screening strategy to identify LS in this population. We have previously validated the 4-item brief Family History Questionnaire (bFHQ) in endometrial cancers. The objective of this study was to assess whether bFHQ can be used as a screening tool to identify women with OC at risk of LS.

Methods In this multicenter prospective cohort study, women with OC completed bHFQ, extended Family History Questionnaire (eFHQ; encompassing Amsterdam II criteria, Society of Gynecologic Oncology 20–25% criteria and Ontario Ministry of Health criteria), immunohistochemistry (IHC) for mismatch repair (MMR) proteins and universal germline testing for LS. Performance characteristics were compared between bFHQ, eFHQ, and IHC.

Results of 215 participants, 169 (79%) were evaluable with both bFHQ and germline mutation status; 12 of these 169 were confirmed to have LS (7%). Nine of 12 patients (75%) with LS were correctly identified by bFHQ, compared to 6 of 11 (55%) by eFHQ and 11 of 13 (85%) by IHC. The sensitivity, specificity, positive predictive values and negative predictive values of bFHQ were 75%, 66%, 15% and 98%. The 4-item bFHQ was more sensitive than eFHQ and took less than 10 minutes for each patient to complete.

Conclusions Patient-administered bFHQ may serve as an adequate screening tool to triage women with OC for further genetic assessment for LS, especially in centers without access to universal tumor testing for IHC for MMR.

EPV150/#195 DYNAMICS OF THE INCIDENCE RATES FOR GYNECOLOGIC CANCER IN UZBEKISTAN

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Objectives Estimate trends of change in cancer morbidity for cervix, uterine corpus, and ovaries of the female population of Uzbekistan over a 10-year period (2010–2020).

Methods We collected cervical, uterine and ovarian cancer incidence data from official statistics in Uzbekistan for the years 2010–2020.

Results For the period 2010–2020, there were 16 137 cases of cervical cancer, 5 772 cases of uterine cancer and 7 562 cases of ovarian cancer for the first time. During the analyzed period, more than 55% of cervical cancer cases, 70% of uterine cancer and more than 42% of ovarian cancer were registered at stages I–II. In 2010 there were 7738 patients with cervical cancer, 5 253 patients with uterine cancer and 3 503 cases with ovarian cancer, meanwhile, in 2020 there were 9125, 5 017, 4 391 cases with cervical, uterine and ovarian cancer accordingly. The maximum incidence rate of gynecologic cancer was observed at the age of 45–65 years. The proportion of stage I cervical cancer cases was highest in Namangan region (30.4%), of uterine cancer in Tashkent city (60.2%) and ovarian cancer in andijan region (19.6%) compared with other regions.

Conclusions Our results suggest constant increase in incidence rate of cervical, uterine and ovarian cancer in Uzbekistan. For the last 10 years percentage of I-II stages of cervical, uterine and ovarian cancer was not so high. Every year there is a tendency in increasing of patients with gynecologic cancer. But from 2021 to 2025, it is planned to screen 3,473,902 women for cervical cancer.

EPV151/#376 GENETIC TESTING REFERRALS FOR ENDOMETRIAL CANCER PATIENTS: CAN WE DO BETTER?

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Objectives Mismatch repair gene testing for patients with endometrial cancer assists in identifying suspected mutation