Introduction/Background Studies on atypical endometrial hyperplasia (AEH) consistently reported high risk for the coexistence of endometrial cancer (EC) or progression to EC. On the other hand, the final diagnosis may turn out to be benign pathology (hyperplasia without atypia or normal endometrium) after hysterectomy for AEH. The purpose of this study was to determine the rates of under- and over-estimation compared to the final pathology after hysterectomy for AEH and to evaluate the predictive role of endometrial thickness

Methodology We retrospectively reviewed the medical records of 94 patients with AEH at two referral hospitals in Ankara between 2015 and 2020. 60 of them underwent a hysterectomy within 6 months after the index biopsy . Data were extracted for age, menopausal status, tamoxifen use and endometrial thickness . Of these 60 patients, 57 of whom we could reach the final pathology result were evaluated

Results Among patients who underwent hysterectomy due to a diagnosis of atypical hyperplasia, 23 cases (40,35%) were underestimated (cancer),11 cases (19,29%) were equivalent and 23 cases (40.35%) were overestimated .There was no difference among these groups in endometrial thickness by transvaginal ultrasonography .

Conclusion Diagnosis of atypical endometrial hyperplasia by endometrial biopsy may often resulted in under- or over-estimation. As there is neither a reliable clinical parameter nor imaging feature to distinguish between these groups, hysterectomy is still the best treatment option for these patients .

2022-RA-992-ESGO INCIDENCE AND THE CLINICAL CHARACTERISTICS OF ENDOMETRIAL CANCER IN END-BX PERFORMED WITH PIPELLE IN BREAST CANCER PATIENTS

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Introduction/Background Endometrial cancer with a history of breast cancer (BC) is a specific condition. As compared to the general population, breast cancer survivors are at an increased risk of developing any secondary cancer with an excess risk of 30% . Endometrial cancer (EC), is the most frequently observed secondary malignancy among breast cancer patients. We aimed to investigate the incidence and the characteristics of EC in patients with previous breast cancer .

Methodology The records of 49 patients with previous history of BC and who underwent pipelle endometrial biopsy between 2015–2020 were evaluated retrospectively. Data were evaluated for age, menopausal status, tamoxifen use and endometrial thickness, surgery and the pathologic characteristics of endometrial cancer patients.

Results Among 49 endometrial biopsies, endometrial cancer was diagnosed in 10 (20.4%), atypical endometrial hyperplasia was diagnosed in 3 patients (6,12%), nonatypical endometrial hyperplsia in 8 (16,32%), endometrial polyp and normal hystology was noted in 28 patients (57,14%). Since 2 out of 10 patients diagnosed with endometrial cancer were operated in another center, we evaluated the data of 8 endometrial cancer cases..(40.1%). The characteristics of the patients who were diagnosed with endometrial cancer and underwent surgical staging are summarized in table 1.

Conclusion Abnormal uterine bleeding, increased endometrial thickness in BC patients treated with tamoxifen, found to be associated with the formation of endometrial cancer. Based on these findings, breast cancer patients receiving tamoxifen therapy, especially postmenopausal patients, should be followed closely and carefully evaluated when they have abnormal bleeding.

2022-RA-994-ESGO EVALUATION OF ONE STEP NUCLEIC ACID AMPLIFICATION (OSNA) METHOD FOR RAPID DETECTION OF LYMPH NODE METASTASES IN WOMEN WITH ENDOMETRIAL CANCER

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Introduction/Background The objective of this study is to establish the clinical performance of the One Step Nucleic Acid Amplification (OSNA) method for the detection of sentinel lymph node (SNL) metastases in women with early-stage endometrial cancer (EC) compared to standard Ultrastaging (US).

Abstract 2022-RA-992-ESGO Table 1 Clinical and surgical characteristics of patients with surgically staged endometrial cancer

Age	Menopausal status	Endometrial thickness mm	Surgical staging	Histology	Grade	MI	LVI	Cervical stromal invasion	Stage	TMX	TMX duration year
59	Postmenopausal	15	Yes	Endometrioid	1	<1/2	none	none	IA	No	
50	Postmenopausal	15	Yes	Endometrioid	2	<1/2	none	none	IA	Yes	7
60	Postmenopausal	6	Unknown							No	
61	Postmenopausal	7	Yes	Endometrioid	2	none	none	none	IA	Yes	5
53	Premenopausal	12	Yes	Endometrioid	3	<1/2	none	none	IA	Yes	2
60	Postmenopausa	11	Unknown							No	
50	Premenopausal	22	yes	Endometrioid	2	none	none	none	IA	Yes	5
73	Postmenopausal	10	Yes	Endometrioid	1	<1/2	none	none	IA	Yes	5
64	Postmenopausal	15	Yes	Endometrioid	2	<1/2	none	none	IA	No	
52	Postmenopausal	22	Yes	Endometrioid	2	none	none	none	IA	No	