2022-RA-1085-ESGO USING DATA-DRIVEN ALGORITHMS AND REAL-WORLD DATA FOR UPDATING ENDOMETRIAL CLINICAL PRACTICE GUIDELINES

[1]Olga L van der Hel, [1]Kees Ebben, [1]Thijs van Vegchel, [1]Arturo Moncada Torres, [1]Jurrian van der Werf, [1]Maaike A van der Aa, [2]Cor D de Kroon. [1]*Research and Development, IKNL, Utrecht, Netherlands*; [2]*Gynecology, Leiden University Medical Center, Leiden, Netherlands*

10.1136/ijgc-2022-ESGO.287

Introduction/Background Clinical practice guidelines (CPGs) are commonly structured as manuals, where best practices are described as free text. Since most oncological CPGs have an extensive care pathway, keeping these CPGs unambiguous and up-to-date is complex. We propose an innovative approach that allows guideline developers to take action and consider updates when scientific developments of CPGs (represented by the National Comprehensive Cancer Network, NCCN) or notable trends in clinical practice (represented by the Netherlands Cancer Registry, NCR) are identified.

Methodology First, the Dutch national and NCCN endometrial cancer CPGs were translated into clinical decision trees (CDTs). Then, we requested an endometrial cancer dataset from the NCR and mapped it onto the CDTs. Thereafter, we designed an information standard by applying FAIR principles. Finally, analysis and comparison functionalities were made available in a prototype dashboard. Predetermined thresholds were implemented that raise a notification to the guideline developers when numbers are outside expected range.

Results Both CPGs were successfully translated into CDTs. This yielded 10 and 15 CDTs, 58 and 72 data-items (patient and disease characteristics), 57 and 97 subpopulations, and 61 and 138 recommendations for the Dutch and NCCN CPG, respectively. Also, the NCR dataset was successfully mapped onto 5 CDTs from the Dutch CPG. The data were projected onto the CDTs. We identified adherence levels for all subpopulations and alternative treatments for non-adherent cases.

Conclusion Applying our method in a dashboard identified ambiguous, redundant, and incomplete sections of the Dutch CPG for endometrial cancer and raised notifications for relevant observations. This data-driven approach could serve as automated surveillance to determine best clinical practice for patient (sub)populations and accelerate the creation of living recommendations. Moreover, this approach is suitable for applications in other diseases and settings.

2022-RA-1091-ESGO A PHASE II TRIAL OF DOCETAXEL/CISPLATIN CHEMOTHERAPY FOLLOWED BY PELVIC RADIATION THERAPY IN PATIENTS WITH HIGH-RISK ENDOMETRIAL CARCINOMA AFTER STAGING SURGERY

[1]Yoon-Jung Cho, [2]Jeong-Yeol Park, [3]Lim Myong Cheol, [3]Yeon Jee Lee, [3]Sang-Yoon Park, [2]Joo-Hyun Nam. [1]*Obstetrics and gynecology, Asan medical center, Seoul, Korea, Republic of*; [2]*Asan Medical Center, Seoul, Korea, Republic of*; [3]*National Cancer Center, Goyang, Korea, Republic of*

10.1136/ijgc-2022-ESGO.288

Introduction/Background The purpose of this study was to evaluate the efficacy of docetaxel/cisplatin chemotherapy followed by pelvic radiation therapy after staging surgery in high-risk endometrial cancer patients.

Methodology This was a prospective, phase 2, multicenter clinical trial (Clinical trial identifier: NCT01461746). Eligible patients included surgically staged stage I-II endometrial cancer with high-risk factors and stage III-IV endometrial cancer. Three cycles of chemotherapy consisting of docetaxel (70 mg/m^2) and cisplatin (60 mg/m^2) was started within 5 weeks after staging surgery. Pelvic radiation therapy (45–50.4Gy) was started within 4 weeks after chemotherapy. The primary endpoint was progression-free survival(PFS).

Results A total of 67 patients were enrolled but 9 were excluded. Median age was 54 years (range, 31–73 years). Forty patients (69%) had endometrioid adenocarcinoma. Stage was IIIC in 9 (15%), IVA in 15 (26%), and IVB in 11 patients (19%). Staging surgery was performed by open surgery in 27 patients (46%), laparoscopic surgery in 23 patients (40%), and robotic surgery in 8 patients (14%). Grade 3 and 4 hematologic toxicity was reported in 26 and 43 patients, grade 3 non-hematologic toxicity was reported in 13 patients. After a median follow-up of 58 months (range, 2–101 months), 11 patients had recurrence and 2 of them died of disease. PFS (± SE) was 90% (± 4%), 84.3% (± 4.8%), 79.9% (± 5.5%) at 1, 3, and 5 year, respectively. Overall survival (± SE) was 98.3% (± 1.7%), 96.2%, (± 2.6%), 96.2 (± 2.6%) at 1, 3, and 5 year, respectively.

Conclusion Endometrial cancer with high risk factors could benefit from adjuvant chemotherapy using docetaxel/cisplatin followed by radiation therapy with manageable toxicities. Further studies are needed with the incorporation of biological agents to estimate the real benefit of these treatment strategy.

2022-RA-1096-ESGO E-CADHERIN AND N-CADHERIN EXPRESSION IN THE ENDOCERVIUM AS A PREDICTIVE FACTOR IN PATIENTS WITH ENDOMETRIAL CANCER

[1,2]Bozydar Tylus, [1]Karolina Fraszczak, [1]Wieslawa Bednarek. [1]*I Katedra i Klinika Ginekologii Onkologicznej i Ginekologii, Public University Hospital No. 1, Lublin, Poland*; [2]*Oddzial Polozniczo-Ginekologiczny, Wojewodzki Szpital Specjalistyczny, Biała Podlaska, Poland*

10.1136/ijgc-2022-ESGO.289

Introduction/Background Endometrial cancer is the most common malignant gynecologic tumor in developed countries. Over the past few years, there has been an increase in the value of the mortality rate. Unfortunately we still do not have a certain, non-invasive diagnostic method that could identify the early stages of the disease. The selection of proteins assessed in the study was made on the basis of the epithelial to mesenchymal transition (EMT) phenomenon in neoplasms. E-cadherin is a epithelial glycoprotein responsible for the formation and maintenance of a normal tissue structure, responsible for maintaining coherence between epithelial cells. The mesenchymal protein N-cadherin, which is involved in cell proliferation, their survival and morphological transformation. The aim of the study was to evaluate the expression of E-cadherin and N-cadherin in the