

Abstract 2022-RA-1504-ESGO Figure 1

**Results** In total, 83 patients were included in this analysis. Two patients who received T-P as primary HT reached complete response (CR). Among patient who received P-only therapy (n=81), 35 (43.2%) achieved CR, while 46 (56.8%) did not. Of those with persistent disease, 31 (67.4%) underwent hysterectomy and others (n=15) were recommended T-P therapy. Except for five patients who did not complete medication, 10 patients completed T-P therapy at least 6 cycles with median observation period of 41.4 months. Among them, seven (70%) showed CR, and only three (30%) underwent hysterectomy for persistent disease.

**Conclusion** T-P therapy should be considered as one of the treatment options for early-stage endometrial cancer patients who have previously failed P-only therapy. More studies are needed to predict the response to HT by investigating the molecular classification of endometrial cancer.

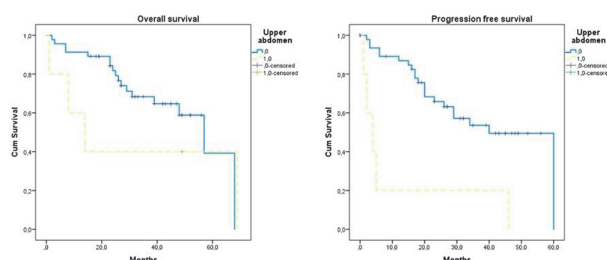
#### 2022-RA-1506-ESGO FACTORS AFFECTING SURVIVAL RATES OF PATIENTS WITH UTERINE CLEAR CELL CARCINOMA

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10.1136/ijgc-2022-ESGO.331

**Introduction/Background** Uterine clear cell carcinoma represents a rare and aggressive gynecologic malignancy that is primarily treated with surgery. Chemotherapy and radiotherapy have been used as adjuvant therapy to postpone survival, however, even in this setting the actual mortality rates remain high. In the present study we evaluated factors that affect survival rates of patients, including patient and tumor characteristics as well as administered therapy.

**Methodology** The study was based in a retrospective cohort of patients treated in a tertiary university hospital in Greece. Cox regression analysis was used to evaluate the impact of age, body mass index, tumor size, stage of the disease at primary treatment, presence of upper abdominal metastases on survival rates of patients.



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**Results** Overall, 53 patients were included in the present study with a median follow-up of 48 months. The median progression free survival was 36.47 months (29.78, 43.16) and the median overall survival was 47.35 months (39.89, 54.82). Advanced stage disease significantly decreased the rates of patient survival (29.80 vs 40.18 months for progression free survival and 43.30 vs 53.17 months for overall survival). Patients with metastases to the upper abdomen had the most decreased survival rates (11.6 months vs 39.59 months for progression free survival and 32.2 months vs 48.26 months for overall survival). The use of chemotherapy did not decrease recurrence rates (HR 1.33, 95% CI 0.38, 4.71). Similar results were observed for external beam radiotherapy (HR 0.645, 95% CI 0.19, 2.21) and brachytherapy (HR 0.86, 95% CI 0.27, 2.76).

**Conclusion** Clear cell carcinoma is an extremely aggressive malignancy with survival rates of patients presenting at advanced stage being extremely short. Adjuvant therapy does not seem to benefit survival rates of patients with early stage disease.

#### 2022-RA-1508-ESGO UNIVERSAL MMR TESTING IN ENDOMETRIAL CARCINOMA: RESULTS AND CLINICOPATHOLOGIC CORRELATIONS FROM AN INDIAN CENTRE

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10.1136/ijgc-2022-ESGO.332

**Introduction/Background** Tumour testing for DNA mismatch repair (MMR) is recommended for all endometrial cancers (EC) and is incorporated into the new molecular classification. This study aimed to find the prevalence of MMR deficiency (dMMR), Lynch Syndrome (LS), and to evaluate the differences in prognostically important clinicopathologic features between MMR proficient (pMMR) and dMMR among Indian EC patients.

**Methodology** Clinical and pathologic information of women treated for EC between 2019–2020 were obtained from electronic medical records. Fisher exact test was used for comparison of categorical variables. Survival analysis was done using Kaplan-Meier method and Cox Proportional Hazards model.

**Results** Over 2 years 108 EC tumour testing was done and 24% (26 pts) were dMMR by immunohistochemistry.