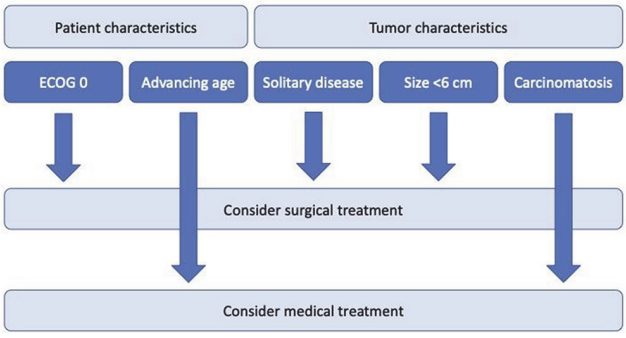
treatment. Primary outcomes included overall survival and progression free survival, secondary outcomes included factors associated with improved survival.

Results A total of 11 studies fulfilled the inclusion criteria, comprising 1146 patients. All studies were retrospective studies. Cytoreduction as part of treatment for recurrent endometrial cancer was associated with prolonged overall survival and progression free survival. Complete cytoreduction was an independent factor associated with improved survival. Other factors associated with prolonged survival were tumor grade 1, endometrioid histology, ECOG performance status 0, and isolated pelvic recurrences. Factors associated with obtaining complete cytoreduction included solitary disease, tumor size <6 cm and ECOG performance status 0. Previous radiotherapy was not associated with achieving complete cytoreduction.



Abstract 2022-RA-135-ESGO Figure 1

Conclusion Cytoreductive surgery may benefit patients meeting specific selection criteria based on a limited number of retrospective studies, with complete cytoreduction showing the largest survival gain. However, further prospective studies are needed to validate the survival benefit and aid in patient selection.

2022-RA-166-ESGO PROGNOSTIC SIGNIFIENCE OF MOLECULAR GENETIC FACTORS IN ENDOMETRIAL CANCER. A MODERN APPROACH TO THE PROBLEM

[1]Irina Tripac, [2]Valentina Stratan, [2]Valeriu Tutuianu, [2]Victor Sitnic, [3]David Faraggi, [4]Jean Calleja Agius. *[1]Gynaecology, Institute of Oncology, Chisinau, Moldova, Republic of; [2]Laboratory of Immunology and Molecular Genetics, Institute of Oncology, Chisinau, Moldova, Republic of; [3]University of Haifa, Haifa, Israel; [4]Department of Anatomy, Faculty of Medicine and Surgery, University of Malta, Malta, Malta*

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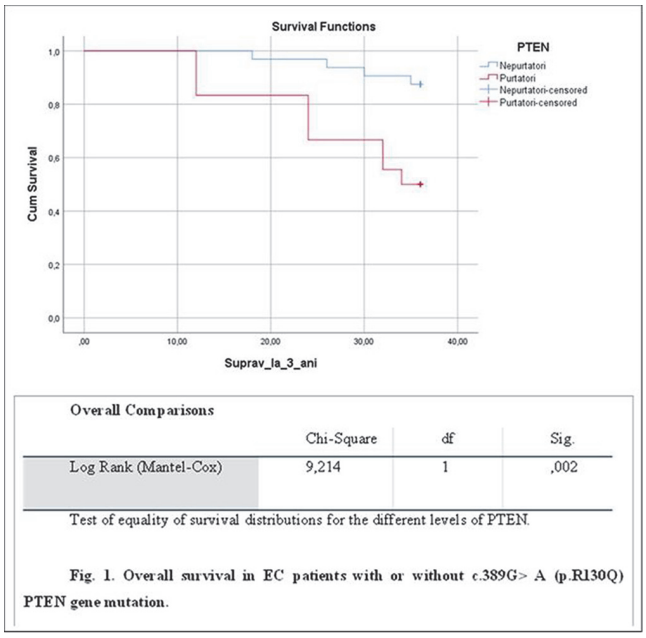
Introduction/Background Modern methods of studying DNA structure, including cluster analysis, make it possible to determine the genetic profile of tumors.

Methodology The prospective study was performed on 50 patients with EC in stages I and II. The study design includes the description of the first stage of the study, marked by the evaluation of clinical-morphological features and the second stage marked by research of genetic features: determination of c.389G> A (p.R130Q) PTEN gene mutation.

Results The rate of the presence of the c.389G> A (p.R130Q) PTEN gene mutation is shown in all 4 subgroups of recurrence risk of patients with EC. The median survival time of patients with c.389G> A (p.R130Q) PTEN mutation was 15.7 ± 1.89 (95% CI [11.3–20.5]) months (95% CI 7–7 months), which did not differs (F = 0.005; p = 0.943) from mean time to progression in patients without mutations – 16.0 ± 3.97 (95% CI [12.0–28.0]) (figure 1). **$$MISSING OR BAD GRAPHIC SPECIFICATION (2C128DE7-E0AB-4E14-ADC4–2A80097FE4FA) $$**

Thus, the median survival time of patients in the low-risk group was 13.5 ± 3.37 (95% CI [9.0–18.0]) months, differing significantly from that in patients high risk – 15.8 ± 3.34 (95% CI [10.5–23.0]) months (F = 16.2; p = 0.891). Our research showed that group risk did not have an impact on the survival time of patients with PTEN mutation, this suggested that c.389G> A (p.R130Q) PTEN gene mutation may be regarded as a powerful prognostic factor for decreased survival time in patients with EC.



Abstract 2022-RA-166-ESGO Figure 1 Overall survival in EC patients with or without c.389G> A (p.R130Q) PREN gene mutation

Conclusion This study showed that c.389G> A (p.R130Q) PTEN genetic mutation is strongly correlated with poor prognosis in EC patients. This may indicate that c.389G> A (p.R130Q) PTEN genetic mutation could be regarded as an important factor in the pathogenesis of EC. However, this finding is derived from small data in observational study, hence well conducted high-quality randomized trials are warranted.

2022-RA-168-ESGO DOES ORDER OF ADJUVANT TREATMENT FOR HIGH RISK ENDOMETRIAL CANCER MATTER? A RETROSPECTIVE REVIEW

[1]Anjali Kulkarni, [2]Mustafa Ege Babadagli, [1]Wylam Faught, [1]Michael Fung-Kee-Fung, [2]Rajiv Samant, [1]Tien Le. *[1]Gynecologic Oncology, University of Ottawa, Ottawa, ON, Canada; [2]Radiation Oncology, University of Ottawa, Ottawa, ON, Canada*

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Introduction/Background Endometrial cancer is the most common gynecologic malignancy in North America. Patients who are high risk for recurrence are treated with a combination of adjuvant chemotherapy and radiation. Previous reported outcomes have been based on giving adjuvant radiation first, followed by chemotherapy. At our institution, patients are treated with chemotherapy first, followed by radiation. The purpose of this study is to review our progression-free survival (PFS) outcomes and recurrence rates and compare to established outcomes in the literature.

Methodology A retrospective chart review was performed on patients diagnosed with endometrial cancer who received adjuvant chemotherapy and radiation between 2005–2017 at The Ottawa Hospital. Inclusion criteria for the study were stage III endometrial cancers of any histology, stage I-II serous or clear cell endometrial cancers and stage IV endometrioid adenocarcinomas. PFS was defined as the time from surgery to disease recurrence or death by any cause.

Results 140 patients were included. 52 (37.1%) had endometrioid histology, 75 (53.6%) serous, and 11 (7.9%) clear cell. 41 (29.3%) were stage 1 at diagnosis, 24 (17.1%) were stage 2, 68 (48.6%) were stage 3 and 7 (5.0%) were stage 4. 130 (92.9%) completed a total of 6 cycles of chemotherapy and 92% completed radiation following chemotherapy. The median follow-up time was 63.9 months. 7 (5%) of patients were diagnosed with locoregional recurrence alone, while 25 (17.9%) had a distant recurrence alone. The estimated mean 5 year PFS was 70.1% and OS was 67.9%.

Conclusion Our sample was predominantly serous and clear cell histology. When compared to the serous subgroup analysis of the PORTEC3 trial, our sample demonstrated an improved 5 year PFS, with a similar OS. In addition, we demonstrate that delaying radiation to after completion of chemotherapy results in low locoregional recurrence rates.

2022-RA-169-ESGO CORRELATION BETWEEN TUMOR DISTANCE FROM SEROSA AND OF MYOMETRIAL INVASION IN ENDOMETRIAL CANCER MEASURED BY TRANSVAGINAL SONOGRAPHY

[1]Anis Cerovac, [2]Kenana Ljuca, [3]Dženita Ljuca. *[1]Obs and Gyn, General Hospital Tešanj, Tesanj, Bosnia and Herzegovina; [2]School of Medicine, University of Tuzla, Tuzla, Bosnia and Herzegovina; [3]School of Medicine, Obs and Gyn department, University of Tuzla, Tuzla, Bosnia and Herzegovina*

10.1136/ijgc-2022-ESGO.198

Introduction/Background The distance between the deepest invasion of the myometrium and serosa can be an alternative method of measurement and a better predictor of prognosis in the case when the degree of invasion is more difficult to determine due to the presence of leiomyoma or adenomyosis. The distance between endometrial cancer (EC) and serosa may be useful in predicting lymphovascular invasion, histological grade, lymph node metastasis, adnexal involvement, and uterine cervical invasion. The aim of this study was to determine the correlation between tumor distance from serosa (TDS) and degree of myometrial invasion (MI) in EC measured by transvaginal sonography (TVS).

Methodology A prospective study was done amongst 60 women with histopathologically proven EC. All women were subjected to TVS measurement of TDS and degree of MI. All women are underwent total abdominal hysterectomy with bilateral adnexectomy for definitive histopathological diagnosis served as a reference method for assessment of TDS and MI.

Results The TDS in the group of patients with MI less than 50% was 1.15 (± 0.56) cm, from 0.31 to 2.6 cm. In the group with MI greater than 50% it was 1.04 (± 1.29) cm, from 0.1–7.0 cm. The difference in mean TDS was 0.11 cm between the two study groups and was statistically significant (Mann Whitney; Z = 2.05; p = 0.0394). In the total sample, the TDS was 1.1 (± 0.94) cm, from 0.1–7.0 cm.

Conclusion Our study showed a clear and significant correlation between TDS and the degree of MI obtained by TVS, which was also confirmed by the gold standard, histopathologically diagnosis of surgical material. This might be helpful in assessment of MI in case when it is aggravated due to the presence of leiomyoma and adenomyosis.

2022-RA-170-ESGO COMPARISON OF THE EFFECT OF LEVONORGESTREL-INTRAUTERINE SYSTEM WITH OR WITHOUT ORAL MEGESTROL ACETATE ON FERTILITY-PRESERVING TREATMENT IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA: A PROSPECTIVE, OPEN-LABEL, RANDOMIZED CONTROLLED PHASEIISTUDY

[1]Zhiying Xu, [2]Bingyi Yang, [2]Weiwei Shan, [2]Jiongbo Liao, [2]Wenyu Shao, [2]Pengfei Wu, [2]Shuang Zhou, [2]Chengcheng Ning, [2]Xuezhen Luo, [2]Qin Zhu, [2]Hongwei Zhang, [2]Fenghua Ma, [2]Jun Guan, [2]Xiaojun Chen. *[1]Department of Gynecology, Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China; [2]Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China*

10.1136/ijgc-2022-ESGO.199

Introduction/Background

Objective To compare the effect of levonorgestrel-intrauterine system (LNG-IUS) with or without oral megestrol acetate (MA) versus MA alone on fertility preserving treatment in patients with atypical endometrial hyperplasia (AEH).

Methodology

Design Single-center phase II study with open-label, randomized and controlled trial conducted between July 2017 and June 2020.

Setting Shanghai OBGYN Hospital of Fudan University, China

Population A total of 132 patients (18–45 years) with primary AEH were randomly assigned (1:1:1) to MA group (N=60), LNG-IUS group (N=60), or MA+LNG-IUS group (N=60).

Methods Patients received MA (160 mg orally daily), LNG-IUS, or MA+LNG-IUS (MA 160 mg orally daily plus LNG-IUS).

Main outcomes and measures

The primary endpoint was complete response (CR) rate at 16 weeks of treatment. The secondary endpoints were CR rate at 32 weeks of treatment, adverse events, recurrent rate, and pregnancy rate.

Results LNG-IUS group yielded higher 16-week CR rate than MA group (P=0.048; Odds ratio [OR], 2.44; 95% confidence interval [95%CI], 1.00–6.00). MA+LNG-IUS group did not yield better 16-week or 32-week CR rates than MA group (P=0.245; P=0.915) or LNG-IUS group (P=0.419; P=0.653). LNG-IUS group achieved less weight gain, nocturnal urine, night sweats, insomnia, or edema face compared with the