with surgery alone. However, 3–10% of them experience relapse. The aim of this study is to evaluate risk factors and patterns of recurrence in patients with low-risk endometrial cancer.

Abstract 2022-RA-197-ESGO Table 1 Clinical characteristics of patients

Characteristics	No recurrence (n = 369)	Recurrence (n = 22)	P-value
Age, yr	52 (28-81)	55 (33-74)	0.058
BMI, kg/m^2	25.0 (15.2-64.1)	24.2 (18.9-35.1)	0.607
Menopause	195 (52.8)	18 (81.8)	**0.008**
Medical comorbidities			
Hypertension	78 (21.1)	3 (13.6)	0.589
Diabetes	40 (10.8)	2 (9.1)	>0.999
Grade			
Grade 1	284 (77.0)	11 (50.0)	**0.007**
Grade 2	85 (23.0)	11 (50.0)	
Tumor size, cm	1.9 (0-8.0)	2.2 (0-5.3)	0.204
Myometrial invasion depth, cm	0.1 (0-1.6)	0.2 (0-1.0)	0.201
Myometrial invasion ratio, %	4.1 (0-47.6)	7.7 (0-41.7)	0.202
Cytology			
Negative	224 (60.7)	12 (54.4)	0.492
Malignant	8 (2.2)	0 (0)	
Atypical cells	6 (1.6)	1 (4.5)	
Unknown	131 (35.5)	9 (40.9)	
Operation type			
Laparotomy	74 (20.1)	3 (13.6)	0.589
Minimally invasive surgery	295 (79.9)	19 (86.4)	
Laparoscopy	240 (65.0)	13 (59.1)	0.226
Robotic	55 (14.9)	6 (27.3)	
Pelvic lymphadenectomy	304 (82.4)	21 (95.5)	0.146
Para-aortic lymphadenectomy	133 (36.0)	9 (40.9)	0.653
Preoperative CA-125, U/mL	10.8 (0.5-394.5)	13.8 (2.3-59.5)	0.508

Abstract 2022-RA-197-ESGO Table 2

Patient no.	Tumor grade	PFS	Stump	Pelvic cavity	Peritoneal cavity	Pelvic nodes	Distant nodes	Lung	Ovary
S150	1	40							+
S080	1	30				+			
S042	1	18				+			
S089	1	9				+			
V099	1	38				+			
S134	1	79						+	
S232	1	18	+						
V072	1	31	+						
S038	1	45			+				
S115	1	22	+						
S230	1	43		+				+	
V143	2	19							+
V067	2	60						+	
V029	2	31		+					
S118	2	4	+					+	
S266	2	3	+						
V121	2	28						+	
S070	2	28		+		+		+	
V129	2	15	+						
S108	2	25					+	+	
S044	2	29			+				
V010	2	8	+			+			

Methodology Patients who diagnosed with endometrial cancer after hysterectomy at Seoul St. Mary's hospital and St. Vincent hospital from 2009 to 2019 were identified. The inclusion criteria are as follows: FIGO stage Ia; endometrioid adenocarcinoma grade 1–2; and no lymphovascular space invasion. Exclusion criteria are those who received postoperative adjuvant treatment. Survival was analyzed using Kaplan-Meier method, and significance was confirmed using the log-rank test. Multivariate analysis was performed using the Cox proportional hazards regression method.

Results A total of 391 patients were included and the median follow-up period was 53 months. Of those, 22 (5.6%) had recurrence, and 5 (1.3%) died of disease. Multivariate analysis identified menopause and tumor grade 2 as independent risk factors for recurrence. Of note, 10 of 62 patients (16.1%) with both risk factors relapsed, suggesting that postoperative adjuvant therapy could be considered for these patients. The most common sites of recurrence are vaginal stump and lung (7/22, 31.8%). In vaginal stump recurrence, the median time to recurrence was shorter than that of other sites (30 vs 15 months, p = 0.002), and 71.4% (5/7) were isolated recurrence. Median time to recurrence was 31 and 25 months for G1 and G2, respectively (p = 0.130).

Conclusion We identified menopause and tumor grade 2 as risk factors for recurrence in early stage low-risk endometrial cancer. Since lung is one of the most common sites of recurrence and usually does not develop symptoms, routine check during follow-up is required.

2022-RA-200-ESGO CELL CYCLE REGULATORY MARKER AS A POTENTIAL PROGNOSTIC BIOMARKER IN UTERINE CARCINOSARCOMA

[1]Min-Hyun Baek, [2]Jeong-Yeol Park, [2]Yangsoon Park. *[1]Hallym University Sacred Heart Hospital, Anyang, Korea, Republic of; [2]University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea, Republic of*

10.1136/ijgc-2022-ESGO.206

Introduction/Background The relevance of cell cycle regulatory markers with uterine carcinosarcoma was investigated.

Methodology The immunohistochemical expression of p16, p53, and cyclin D1 were assessed using tissue microarray of 55 eligible patients.

Results p16 and p53 showed a high rate of strong (+3) immune reaction in carcinomatous/sarcomatous components (61.8%/70.9% and 52.7%/56.4%, respectively). Cyclin D1 showed a 14.5%/7.3% of strong immune reaction in the carcinomatous/sarcomatous components. Strong expression of p16 was related to a higher rate of lymph node metastasis and a bigger tumor size. Strong expression of cyclin D1 was related to the lower International Federation of Gynecology and Obstetrics (FIGO) stage. In univariate regression analysis, FIGO stage, lymph node metastasis, p16, and cyclin D1 were prognostic factors for disease-free survival. FIGO stage, p16, p53, and cyclin D1 were prognostic factors for overall survival. In a multivariate regression analysis, FIGO stage and p16 in carcinomatous component were independent factors for both disease-free survival (odds ratio [OR], 95% confidence interval [CI]; 3.5 [1.2–10.3] and 3.5 [1.3–9.9]; P = 0.026 and 0.016) and overall survival (OR, 95% CI; 2.3 [1.0–5.1] and 2.9 [1.1–7.8]; P = 0.042 and 0.037).

Conclusion p16 was a predictor of lymph node metastasis, tumor size, and prognostic outcome in uterine carcinosarcoma.