recurrence. We evaluated the results of high-dose-rate brachytherapy after radical surgery.

Methodology This was a retrospective study of all patients treated consecutively at Oscar Lambret center between 2012 and 2015 by hysterectomy and adjuvant cuff vaginal brachytherapy. Four fractions of 6.2Gy each to superior third of vaginal and 5 millimetres deep were prescribed. We analysed local (vaginal) control, overall survival, recurrence-free survival, and acute and late toxicities. Local control was assessed by taking into account the cumulative incidence of local recurrence estimated by the competitive risk method. Survival analyses were performed using the Kaplan-Meier method.

Results We included 250 patients; 208 were considered to be at high intermediate risk of recurrence postoperatively. After a median follow-up of 56 months, the cumulative incidence of local recurrence was 4.8% at 3 years (95% CI: 2.8–8.3) and 6.8% at 5 years (95% CI; 4.8–12.6). The 5-year overall survival was 86.2% (95% CI: 80.6–90.3) and the 5-year recurrence-free survival was 77.5% (95% CI: 71.1–82.7). Acute toxicities are occurred in 20 patients (8%), of whom 2 patients had grade $\geq$3 toxicities. One patient (0.4%) had late toxicity of grade $\geq$3.

Conclusion Our results show a local recurrence rate that is 3% to 4% higher than that found in the literature, largely explained by the different selection of our patients. The overall survival remains similar to published data, suggesting the effectiveness of salvage treatments and the low impact of local recurrence on survival. The integration of molecular data with current clinical and pathological risk factors should allow a more accurate selection of patients who will benefit from adjuvant therapy.

2022-VA-907-ESGO LAPAROSCOPIC LATERALLY EXTENDED ENDOPELVIC RESECTION AND EXCISION OF ISOLATED CELIAC TRUNK LYMPH NODE IN RECURRENT LOW-RISK ENDOMETRIAL CANCER

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Introduction/Background

Background Early stage (FIGO I) endometrial cancer is associated with a 10% risk of lymph node involvement. However, staging lymphadenectomy is reserved only for high-risk patients according to ESGO/ESTRO/ESP guidelines.

Methodology The study design is a narrated video presentation. We describe a case of a 54-year-old patient with a recurrence of low-risk endometrial cancer (endometrioid, Stage 1A, Grade 1) to the right external iliac lymph nodes and to an isolated celiac trunk lymph node 18 months after initial treatment that was treated by laparoscopy.

Results The patient was subjected to laparoscopic lateral extended endopelvic resection (LEER) for recurrent low-risk endometrial cancer that was fixed to the right lateral pelvic side wall. The recurrence in a lymph node at the celiac trunk was, also, excised. A macroscopically tumor free excision was achieved. No intraoperative complications occurred.

Conclusions Laparoscopic LEER is feasible, safe, and efficient to achieve complete excision of tumors that are fixed at the lateral pelvic side-wall for selected groups of patients. Safe performance requires deep knowledge of pelvic anatomy and a high level of experience. Further large high- quality studies are needed to estimate the long-term oncologic outcome of this approach.

2022-RA-922-ESGO HISTO-MOLECULAR CHARACTERISTICS OF PLATINUM-SENSITIVE ADVANCED ENDOMETRIAL CANCER: DATA ISSUED FROM THE POPULATION INCLUDED IN THE GINECO UTOLA STUDY

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Introduction/Background Few data are available of response to chemotherapy in advanced EC (endometrial cancer) patients according to molecular subtypes. Here we present the baseline histo-molecular profile of the platinum-sensitive advanced EC included in the Utola multicenter, randomized phase 2 trial evaluating the efficacy of olaparib as maintenance therapy.

Methodology 147 patients with objective response (OR) or stable disease (SD) after first line platinum chemotherapy were included. IHC (P53 and MMR) and NGS molecular status (including POLE, BRCA1/2 mutations, MSI sensor and genomic instabillity score [G-scar]) were obtained from archived tumor tissue. ESGO molecular subgroups were defined: POLE-mutated, MMR-deficient (MMRd, based on IHC and/or MSI genetic status, without POLE mutation), TP53-mutated based on IHC (without MMRd or POLE mutation) and NSMP (non-specific molecular profile, without MMRd, POLE-mutation nor TP53 mutation).

Results Among 130 evaluable patients, mean age was 69.5 y, 46% were metastatic at the outset, 76% received 6 cycles of platinum chemotherapy. 19% of patients had serous and 75% endometrioid carcinoma (with 32% high grade). 14% were MMRd, 53% TP53-mutated, 33% NSMP and 1 tumor POLE-mutated. NGS for TP53 and MSI status was concordant with IHC in 92% and 99% respectively. Three pathogenic BRCA1/2 mutations were observed in 1 TP53 and 2 MMRd tumors. TP53 tumors had higher GScar mean score ($p<0.01$). After CT, 68% of the patients had an OR (28% CR), 25% SD and 7% NED. Complete response was different according to