

## 2022-RA-1393-ESGO IMMUNOHISTOCHEMISTRY SHOULD BE APPLIED IN CLASSIFICATION OF HIGH-GRADE ENDOMETRIAL CARCINOMAS

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**Introduction/Background** High grade endometrial carcinomas include serous carcinomas, clear cell carcinomas, FIGO grade 3 endometrioid carcinomas, undifferentiated carcinomas, and carcinosarcomas. Often the morphologic and immunohistochemical profile overlap significantly, with interobserver reproducibility in subtyping high-grade endometrial carcinomas is suboptimal. In patients with serous and clear cell carcinomas compared with those with grade 3 endometrioid, poor outcomes were reported. Undifferentiated carcinomas and carcinosarcomas are also well known as highly aggressive. So, distinguishing this tumor from FIGO grade 3 endometrioid carcinoma is of clinical importance. The aim of our study was to determine if there are significant differences regarding histotyping without and with the use of a panel of immunohistochemical markers.

**Methodology** One hundred sixty-eight patients admitted in the Gynecological Department of Emergency Hospital of Oradea were diagnosed with endometrial carcinomas over a 2-year period (2020–2021) on curettage specimen. Immunohistochemical staining of ER, PR, p16, p53, Napsin A, PAX8, E-Cadherin was performed in selected cases.

**Results** Out of 168 cases, 51 patients (30.35%) had high grade endometrial carcinomas. Among these, by using only morphological examination, we diagnosed 26 cases (50.98%) as serous carcinomas, 14 cases (27.45%) as FIGO grade 3 endometrioid carcinomas, 5 cases (9.8%) as clear cell carcinomas, 4 cases (7.84%) as carcinosarcomas and only 2 cases (3.92%) as undifferentiated carcinomas. Following immunohistochemical tests, we determined that 28 cases (54.9%) were serous, 12 cases (23.52%) were endometrioid, 3 cases (5.88%) were clear cell, 4 cases (7.84%) were undifferentiated carcinomas.

**Conclusion** In our cohort, 4 cases were misdiagnosed (2 clear cell carcinomas were actually serous carcinomas; and 2 FIGO grade 3 endometrioid carcinomas was reclassified as undifferentiated carcinomas). The accuracy of diagnosis increased from 92.15 to 100%, underlying the utility of ancillary tests which should be performed in conjunction with careful histologic evaluation.

## 2022-RA-1404-ESGO THE IMPACT OF COVID19 ON THE DIAGNOSTIC AND TREATMENT PATHWAYS FOR PATIENTS WITH ENDOMETRIAL CANCER IN NORTHERN IRELAND

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**Introduction/Background** COVID-19 has significantly impacted all areas of medicine including access to primary care. The majority of women with endometrial cancer present in early

stages and have promising survival outcomes. The concern is that COVID-19 has caused potential delays in diagnosis leading to patients requiring more extensive surgical management and affecting disease outcomes.

**Methodology** All patients diagnosed with endometrial cancer in 2019 (pre COVID-19), 2020 (during peak of COVID-19) and 2021 (during COVID-19 recovery) were included. Patients with myometrial sarcoma, other myometrial tumours and endometrial cancer recurrences were excluded. Data was collected electronically including histology, FIGO stage at diagnosis, symptom duration, parity, BMI, surgical location (regional cancer centre vs cancer unit), surgical approach and type, complications, adjuvant treatment and survival status. Statistical analysis was then performed.

**Results** 639 were patients identified in total (194 in 2019, 216 in 2020 and 229 in 2021). Provisional data appears to show that during COVID-19 patients present with higher FIGO stage, undergo more open surgical procedures and more extensive surgery to manage their endometrial malignancy.

**Conclusion** COVID-19 appears to have impacted the diagnostic and treatment pathways of women with endometrial cancer in NI. This could be due to the postponement of laparoscopic surgery following the potential risk of aerosol generation and potential delays in diagnosis due to difficult access to primary care.

## 2022-VA-1413-ESGO EXTRAPERITONEAL PARAORTIC LYMPHADENECTOMY IN ENDOMETRIAL CANCER PATIENT WITH MORBID OBESITY: TEN STEPS OF THE TECHNIQUE

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**Introduction/Background** Ten steps of extraperitoneal para-aortic lymphadenectomy in endometrial cancer patient with morbid obesity was demonstrated in this video. Ten steps surgery can perform in a standardized safe and easy way.

**Methodology** Ten step video demonstration of surgical video of morbid obese patient

**Results** A 49-year-old obese patient with a BMI of 36.8 kg/m<sup>2</sup> presented with abnormal uterine bleeding. A Diagnostic DnC was performed after the gynecological examination of the patient. As the result came to be a grade 2 endometrial adenocarcinoma, the patient underwent preoperative evaluation of pelvic MRI, upper abdominal and thoracic CT. On the MRI, a mass of 48 \* 32 \* 25 mm in size with deep myometrial invasion was observed. Pathological lymph nodes were not observed. Also, There were no signs of pathological lymph nodes or lung metastasis on the CT. Preoperative CA 125 value was 17. After preoperative evaluation, staging surgery was planned for the patient, and hysterectomy, unilateral salpingo-oophorectomy, extra peritoneal paraaortic lymph node dissection and pelvic lymph node dissection operations were performed.

**Conclusion** Initiation of staging surgery with extraperitoneal paraaortic lymphadenectomy in obese endometrial cancer patients provides favorable pressure effects and facilitates the surgery because of bowel free surgical field.