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### MAJOR DETERMINANTS OF SURVIVAL IN RECURRENT ENDOMETRIAL CANCER: THE ROLE OF SECONDARY CYTOREDUCTIVE SURGERY AND RELAPSE PATTERN. A MULTICENTER STUDY

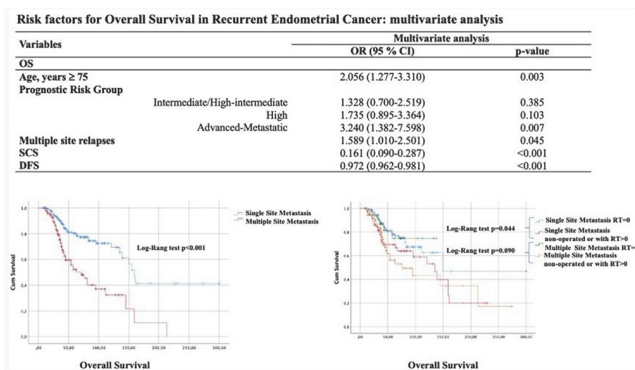
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**Introduction/Background** Despite advances in endometrial cancer treatments and knowledge, survival for recurring cancers remains poor. In this study, we evaluated the impact of clinical-histological-radiological variables of patients with endometrial cancer recurrence (ECR) on overall-survival (OS), and specifically, we evaluated the impact of secondary-cytoreductive-surgery (SCS) with the achievement of complete gross resection (CGR) on different types of relapses.

**Methodology** Multicenter-retrospective analysis of patients with ECR.

**Results** Three-hundred-thirty-one patients were retrieved. At Cox-regression multivariate analysis, age  $\geq 75$  yr (HR: 2.056,  $p=0.003$ ), advanced prognostic risk-group at initial diagnosis (HR: 3.240,  $p=0.007$ ) and the presence of multiple site relapses (HR: 1.589,  $p=0.045$ ) resulted to be statistically significant factors for reduced OS, while SCS and the disease-free survival (time from diagnosis to 1 relapse) were predictors of improved OS (respectively HR: 0.161,  $p<0.001$ , HR: 0.972,  $p<0.001$ ) (Figure-1). Survival analysis using the Kaplan-Meier method showed that patients with single-site relapse had an improved OS than patients with multiple-site relapses (log-rank  $p<0.001$ ) (Figure-1). Further stratifying the population on the surgery performed (SCS with CGR vs SCS with residual tumor (RT) $>0$  or other secondary treatment), the Kaplan-Meier curves showed that achieving CGR conferred a statistically significant OS benefit for patients with single site metastases ( $p=0.044$ ) and a trend towards better survival for patients with multiple site metastases ( $p=0.090$ ) (figure 1).



Abstract 2022-RA-1591-ESGO Figure 1

**Conclusion** SCS confirmed to be a statistically independent relevant factor for better OS along with DFS in ECR, while age  $\geq 75$  years, the advanced prognostic risk group and the presence of multiple site relapses were significant factors for decreased OS. In addition, the achievement of CGR conferred a statistically significant survival advantage on patients with single-site recurrence compared to patients not operated or operated with RT $>0$ , while a trend toward better survival could be identified in patients with multiple-site relapses when completely gross resected.

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### ISOLATED PARA-AORTIC LYMPH NODE METASTASES IN HIGH RISK ENDOMETRIAL CANCER

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**Introduction/Background** Direct metastases to the para-aortic lymph nodes in endometrial cancer are extremely rare. A direct route of lymphatic propagation from the uterus to the para-aortic nodes through the infundibulopelvic ligament has been suggested. The objective of this study was to determine the characteristics and 5 years overall survival of isolated para-aortic lymphatic metastases in high-risk endometrial cancer.

**Methodology** Retrospective study of patients with high-risk endometrial cancer was performed in a reference center in gynecological oncology. All patients underwent surgery including complete lymph node staging by pelvic and para-aortic lymphadenectomy. Patients were divided into three groups based on the patterns of lymphatic metastases: isolated para-aortic lymphatic metastases, isolated pelvic lymphatic metastases, and dual lymphatic metastases (pelvic and para-aortic metastases). Clinicopathological characteristics and 5-year survival were compared between the three groups.

**Results** 147 women diagnosed with high-risk endometrial cancer underwent surgery, performing pelvic and para-aortic lymphadenectomy during surgery. The mean age of the patients was 61.62 years. The most common histological type was endometrioid adenocarcinoma (37.4%), followed by serous carcinoma (31.3%). Regarding the histological grade, 77.6% was G3. The most frequent FIGO stage was IA (38.8%). Regarding lymph node dissemination, the proportion of patients with isolated para-aortic lymphatic metastases was 4.76% (n=8), isolated pelvic metastases 17.69% (n= 26) and dual metastases (pelvic and para-aortic) 7.48% (n= 11). Patients with isolated pelvic lymphatic metastases and isolated para-aortic lymphatic metastases shared similar histologic features. The 5-year overall survival rate in the cohort of patients with isolated para-aortic nodes was 62.5% and 61.5% in the cohort of patients with isolated pelvic nodes. Overall survival in the cohort of patients with metastases duals was 36.4%.

**Conclusion** Patients with high-risk endometrial cancers with isolated lymphatic and para-aortic metastases and isolated pelvic metastases share similar clinical pathological features and prognoses.