

Abstract 398 Table 2 Proportion concordance diagnose comparison between different diagnosis methods

	Exact concordance	p	Grade Concordance	p
Aspiration x Hysteroscopy	53.7% (0.436-0.639) x 51.7% (0.459-0.562)	p=0.32	73.1% (0.641-0.821) x 64.1% (0.592-0.69)	p=0.05
Curettagex Hysteroscopy	51.5% (0.439-0.591) x 51.1% (0.459-0.562)	p=0.47	71.3% (0.644 - 0.781) x 64.1% (0.592 - 0.69)	p=0.05
Aspiration x Curettage	53.8% (0.436-0.639) x 51.5% (0.439-0.591)	p=0.36	71.3% (0.643-0.781) x 72.1% (0.626-0.816)	p=0.55

aspiration, curettage and hysteroscopy. The proportion of anatomopathological concordance between biopsy and surgical specimen can be seen in table 1. The exact concordance taking into account the histological type and grade was analyzed and in a second analysis the histological grade alone was evaluated. table 2 shows the comparison of the different methods. **Conclusions** Endometrial cancer diagnosis through endometrial aspiration or curettage had a better correlation of the histological grade with the surgical specimen when compared to hysteroscopy. In addition, endometrial aspiration is a cheaper and more accessible method than hysteroscopy and should therefore be stimulated as a diagnostic method for endometrial cancer.

IGCS19-0241

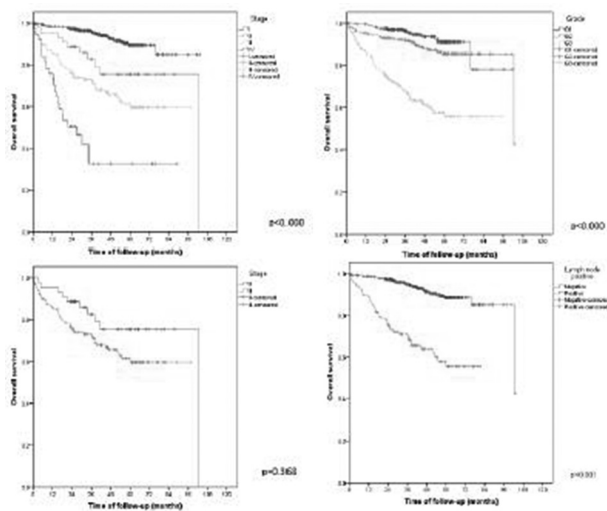
399 TEN YEARS OF ICESP – PROFILE OF ENDOMETRIAL CANCER TREATMENT

C Anton*, E Mayerhoff, RT Kleine, JP Carvalho. *ICESP, Gynecology, São Paulo, Brazil*

10.1136/ijgc-2019-IGCS.399

Objectives To describe the characteristics of patients with endometrial cancer treated in a reference cancer center in São Paulo, Brazil.

Methods This retrospective study included 703 patients with endometrial cancer diagnosis assisted at the ICESP from 2008



Abstract 399 Figure 1 Overall survival related to different endometrial cancer parameters

Abstract 399 Table 1 Clinical, pathological and surgical characteristics

		N
Age		69.2 (27.9-92.4)
	≤ 50 years	37(5.3%)
	> 50 years	666(94.7%)
BMI		31.5(16-58.9)
Race	Caucasian	550(78.2%)
	Black	151(18.6%)
	Others	20(2.8%)
Histological type	Endometrioid	567(80.7%)
	Serous	90(12.2%)
	Clear cell	28(4.0%)
	Others	19(2.1%)
Grade [endometrioid]	G1-G2	467(82.4%)
	G3	99(17.5%)
Tumor size		4(0.17)
	Present	280(29.5%)
	Absent	472(67.3%)
LVI		23(3.3%)
	Unknown	
FIGO stage	IA	298(42.4%)
	IB	151(21.5%)
	II	50(7.1%)
	IIA	40(5.7%)
	IIIB	11(1.6%)
	IIIC1	49(7.0%)
	IIIC2	58(8.4%)
	IVA	7(1.0%)
	IVB	38(5.4%)
Surgery type	Laparotomy	182(25.9%)
	Laparoscopic	480(68.8%)
	Robotic	43(6.1%)
	Vaginal	2(0.3%)

*LVI: Lymphovascular invasion

to 2018. Patient data were collected from electronic records. All the diagnoses were based on the anatomopathological study of surgical specimens. Other data analyzed were age at diagnosis, race, body mass index, histologic type and grade, and surgical staging according to the FIGO (2009) criteria. Treatment outcomes were reported according to histological type, surgical FIGO stage, lymph-vascular space involvement and lymph node metastasis.

Results Seven hundred and three patients were analyzed according to their clinical, pathological and surgical characteristics (table 1). The presence of lymph-vascular space invasion was associated with a worse overall survival. The median of tumor size was 4 cm. Overall survival in 5 years was 85.3%. Patients with stage II and III had the same overall survival. Overall survival according to stage, lymph-vascular space invasion and grade can be seen in figure 1.

Conclusions Patients assisted at the ICESP in the last ten years presented with large tumors (4 cm). Lymph-vascular space invasion, histologic grade and stage had an influence on patients' overall survival. Stage II and III patients presented similar overall survival rates in 5 years.