

## IGCS19-0242

## 400 PROGNOSTIC FACTORS OF ENDOMETRIAL CANCER IN A CANCER HOSPITAL IN BRAZIL

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**Objectives** To identify prognostic factors of endometrial cancer patients assisted in the Instituto do Câncer do Estado de São Paulo (ICESP), Brazil.

**Methods** A retrospective analysis of 703 patients with endometrial cancer diagnosis referred to surgical treatment in ICESP between January 2009 and October 2016 was performed. Data has been exported from the REDCap database. Cox regression was used to identify parameters related to worse prognosis.

**Results** The following parameters were included in the analysis: tumor histology, histologic grade, lymph-vascular space invasion (LVSI), tumor size (cutoff: 2 and 4 cm) and myometrial infiltration. In the univariate analysis all studied parameters had RR>2. When multivariate analysis was performed the parameters with independent prognostic factors were histologic grade and LVSI (table 1).

**Abstract 400 Table 1** Endometrial cancer prognostic factors analysis

Parameters	Univariate (RR)	p	Multivariate (RR)	p
Tumor histology	3.1	p<0.0001		
Histologic grade	4.94	p<0.0001	3.75	p<0.001
LVSI	3.26	p<0.0001	2.01	p=0.001
Tumor size	2 cm	2.46	p=0.023	
	4 cm	2.25	p<0.001	
Myometrial invasion	2.78	p<0.001		

**Conclusions** High grade tumors and the presence of lymph-vascular space invasion are worse prognostic factors in endometrial cancer patients.

## IGCS19-0546

## 401 FROM ATYPICAL MYOMA TO UTERINE SARCOMA: ABOUT THREE CLINICAL CASES

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**Objectives** To identify the characteristics of uterine sarcoma and assess the complexity of pre operative diagnosis

Design: Case report study

Setting: Fief de Grimoire Clinics of Poitiers-Gustav Roussy Intitute-Paris

**Methods** Three patients with suspected myoma in MRI and Ultrasound had been operated in our Center in 2018

Intervention: all descriptive datas, including diagnosis imaging, type of surgery, clinical and pathologic datas were reviewed

Pathologis findings are analysed and criticised  
**Results** Imaging findings talk about "suspected vascularisation of the myoma".

The indication for surgery was related to myoma growth and myoma modifications.

Open surgery was performed to prevent morcelayion risk.

Two of those three patients had prior myomectomy (one in laparoscopy, the other in hysteroscopy).

At final pathological analysis, two of three patients had low grade sarcoma.

One of those three patients have had radiotherapy.

Literature had been reviewed and discussion on the importance of MRI description.

The non predictability of MRI in suspected myoma is noticed.

**Conclusions** Taking into account the negative impact of morcelation in sarcoma, all suspected myoma in women without child bearing have led to total hysterectomy by laparotomy-The only one patiente who had no children at 48 years old was found to have low grade sarcoma and went for post opérative radiotherapy.

## IGCS19-0398

## 402 CLEAR CELL CARCINOMA OF THE UTERINE CORPUS

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**Objectives** Clear cell (CC) carcinomas are a type 2 endometrial carcinomas characterized by their rarity (2%) and their aggressive behavior.

**Methods** This was a retrospective study including 9 cases of CC, recorded at the Salah Azaiez Institute over a period of 16 years (2000–2015). Clinical, pathological and evolutionary data were analyzed.

**Results** The mean age was 70 years [50–73]. All patients underwent curative resection by laparotomy. Extra-facial hysterectomy was performed in 8 cases and radical hysterectomy in 1 case. Lymph node surgery was performed in all of our patients. Patients were classified according to FIGO 2009: 33.3% were classified stage I, 22.2% stage II, 22.2% stage III and 22.2% stage IV. Lymphovascular space invasion was found in 44.4% of the cases. The median number of retired lymph node and involved were 10 [1–32] and 2 [1–14], respectively. Two patients received adjuvant chemotherapy, 4 patients received adjuvant radiotherapy and vaginal brachytherapy was performed in 5 patients. Median follow-up was 28 months (5–129). The 5-years overall survival were 48.6%. Excluding one patient lost of view after the end of the treatment, 3 patients were in clinical remission, 2 patients were in a progression of their disease, and relapses occurred in the three remain patients.

**Conclusions** Endometrial CC are an aggressive histological subtype with particular clinical and pathological features leading to a high rate of recurrence and death.