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OVARIAN CONSERVATION IN PREMENOPAUSAL WOMEN WITH EARLY STAGE ENDOMETRIAL CANCER

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Objectives To compare the overall (OS) and disease free (DFS) in young women with early-stage endometrial cancer undergoing hysterectomy with and without ovarian conservation.

Methods We conducted a retrospective study of a prospective mono-centric database. We identified all premenopausal women under 50 years of age with stage I endometrioid adenocarcinoma of the endometrium who underwent hysterectomy from 2008 to 2018. Patients were stratified based on whether they underwent oophorectomy or had ovarian conservation.

Results The cohort of 20 women included 5 (25%) who had ovarian conservation and 15 (75%) who underwent oophorectomy. The rate of ovarian conservation was lower during the last decade. There were no statistical difference between the ovarian conservation group and the oophorectomy group in OS and DFS, in a Kaplan-Meier analysis, (respectively, P=0.073 and P=0.200).

Conclusions Ovarian conservation does not adversely affect survival for women with early-stage endometrial cancer.

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CLINICO-PATHOLOGICAL FEATURES AND TREATMENT PARTICULARITIES OF INCIDENTALLY DIAGNOSED ENDOMETRIAL ADENOCARCINOMA IN INFERTILE WOMEN

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Objectives The aim of this study was to investigate the clinical and prognostic features of women under 45 with the incidental diagnosis of endometrial adenocarcinoma (EC) during infertility work-up, with special attention given to treatment approaches and survival rates.

Methods The medical records of 228 patients who were diagnosed with EC at our center between 2008 and 2018 were included in the study and analysed retrospectively. Out of these patients, 9.6% (n=22) were ≤ 45 years. Eleven patients had a history of infertility and had been diagnosed with EC during a hysteroscopic evaluation for infertility. We compared these patients to the other eleven patients diagnosed with EC under 45 with no infertility history.

Results The mean age at diagnosis was comparable in both groups (39.8 ± 6.7 vs 39.7 ± 5.5 years, p=0.98). The mean duration of infertility was 5.4 ± 2.1 years. The Body mass Index was high in both groups (33.0 ± 5.4 vs 30.3 ± 4.5 years, p=0.48). There were no significant difference in terms of early stage cancer (p=0.79). Fertility sparing treatment was initiated in 9 patients but after 6 months only 3 had a complete pathological response. There was no difference in OS and DFS between the 2 groups (respectively, p=0.97 et p=0.48).

Conclusions The investigation of the endometrium during infertility work-up may lead to the diagnosis of asymptomatic EC that does not seem to have any specific prognostic features even though it may allow a fertility sparing treatment.

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THE PROGNOSTICIMPACT OF CLINICAL AND UTERINE FACTORS IN STAGE I ENDOMETRIAL CANCER WITH NEGATIVE LYMPH-VASCULAR SPACE INVASION

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Objectives To evaluate the impact of depth of invasion (DOI) and histology on survival of patients with stage I endometrial cancer (EC) with negative lymph-vascular space invasion (LVI).

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