



Abstract 415 Figure 1

high-risk disease (endometrioid G3, serous, clear cell, and carcinosarcoma) in 64(43.8%). After oncological surgery, nodal and/or distant metastases were found in 18(12.33%) cases. CA-125 levels were higher in low-risk women with pathological evidence of dissemination, compared to non-metastatic disease [24.86(20.4–56.5) vs. 11.4(7.05–17.80)U/mL, $p<0.001$], with a sensitivity of 85.71% and specificity of 83.56%, at a concentration threshold of 19.55U/mL (AUC=0.86, $p=0.002$). CA-125 values did not attain statistical difference in high-risk patients for prediction of metastasis ($p=0.51$).

Conclusions CA125 levels are elevated in low-risk EC patients with nodal and/or distant metastases. Further studies are warranted to substantiate these findings and possibly favor CA-125 as a parameter for an individualized surgical approach.

IGCS19-0017

416 HE 4 PROTEIN CONCENTRATION IN WOMEN WITH ENDOMETRIAL CANCER AND UTERINE FIBROIDS

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10.1136/ijgc-2019-IGCS.416

Endometrial cancer is the most common malignant tumours of the female sexual organ, its incidence has been on the rise for many years. To date, there is no reliable diagnostic marker of this disease.

The aim of the study was to evaluate the levels of HE4 protein in women with endometrial cancer and in women with uterine fibroids and to refer the results to healthy women of the same age.

Median HE4 protein in women with endometrial cancer (n=30) was 55.5 U/ml (mean \pm standard deviation 75.9 \pm 50.2) and was statistically significantly higher compared to women with uterine fibroids (n=30) (36.9, 40.8 \pm 18.7)

and healthy women of the same age (n=50) (22.5, 23.1 \pm 5.1). The HE4 concentration in women with endometrial cancer increases with the depth of endometrium infiltration described in the histopathological examination. In the group of patients with endometrial cancer, three positive linear correlations were confirmed: between the preoperative blood erythrocyte concentration and the HE4 protein concentration, between the pre-operative potassium ion concentration and the HE4 protein concentration as well as between the INR measured after surgery and the HE4 protein concentration.

The authors conclude that endometrial cancer is a strong stimulus inducing the synthesis of HE4 proteins, the synthesis depends on the depth of endometrium infiltration. HE4 concentrations may be affected by higher concentrations of erythrocytes, INR and potassium. This suggests a higher value of HE4 as a cancer marker for women with endometrial cancer without comorbidities.

IGCS19-0034

417 ENDOMETRIAL STROMAL SARCOMA-HOW TO TREAT RECURRENCE?

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10.1136/ijgc-2019-IGCS.417

Objectives Endometrial stromal sarcoma(ESS) is a rare gynaecological malignancy accounting only 2percent of uterine neoplasm. According to WHO, one third of the ESS recurs. But there is no protocol to treat recurrent ESS. This study is to find out a standard protocol of treatment incase of recurrent endometrial stromal sarcoma.

Methods Its a retrospective study of nineteen patients of ESS attending NICRH. All had hysterectomy outside our hospital and came with histopathology report of ESS. Time period was three years (2016–2018).

Results The recurrence rate of nineteen cases were 42.1 percent. The median age of diagnosis was 47.55 years and median time of first relapse was 9 months. The number of recurrence ranges from 1 to 5. Incase of first relapse, second surgery was done in eight patients but three had third relapse. out of eleven patients who received adjuvant chemotherapy, six had relapse and out of seven patients who had adjuvant radiation, five had recurrence. As all primary histopathology was done outside NICRH, grade was undetermined in eleven patients. Out of four high grade patients, three had relapse. Incase of four low grade, two received aromatase inhibitor and they remain relapse free.

Conclusions In our study, it is clear that neither secondary cytoreduction nor adjuvant chemoradiation can prevent recurrence. There is limited data of immuno or target therapy. So long term multicentric study should be performed to set up a standard guideline of treatment in case of recurrent endometrial stromal sarcoma.