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418 PROGNOSTIC FACTORS AND PATTERNS OF RECURRENCE AMONG PATIENTS TREATED FOR ENDOMETRIAL CANCER IN SOUTHERN BRAZIL

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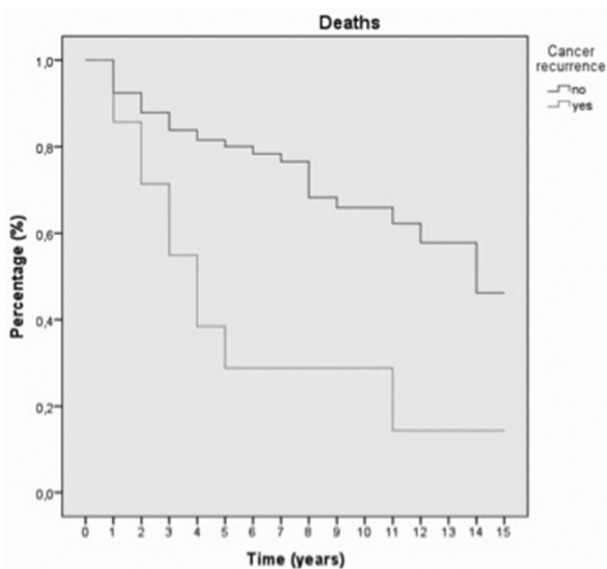
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Objectives To compare the clinical and histopathological characteristics of women with and without recurrence of endometrial cancer after primary surgical treatment.

Methods A retrospective cohort study was carried out in Irmandade Santa Casa de Misericórdia de Porto Alegre (ISCMPA) with patients treated for endometrial cancer from 1995 to 2016, in Southern Brazil.

Cox regression was used to identify independent prognostic factors and survival was calculated by using the Kaplan-Meier method.

Results 216 women were submitted to surgical treatment for endometrial carcinoma and met the criteria for inclusion in the study. 23 (10.6%) participants have developed recurrent disease after a mean time of 3.7 years (SD ± 4.2). Depth of myometrial infiltration, stromal cervical involvement, FIGO staging and death were variables that presented a statistically significant difference between patients with and without recurrence.



Abstract 418 Figure 1

Conclusions This study ratifies the depth of myometrial infiltration greater than 50%, cervical stromal invasion and staging according to FIGO 2009 criteria are important prognostic factors in the recurrence of endometrial cancer. The recurrence of this tumor is related to a reduction in overall survival. These data are compatible with the existing literature and complement the scarce casuística on endometrial cancer in Brazil.

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419 COST-EFFECTIVENESS AND THE ROLE OF DIAGNOSTIC TOOLS FOR SCREENING EARLY STAGES OF ENDOMETRIAL CANCER

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Objectives According to the World Cancer Research Fund, over 380,000 new cases of endometrial cancer have been reported in 2018. After the identification of disease, histologic diagnosis is the main standard for managing further treatment approaches. The following analysis is aimed to examine cost-effectiveness of two preoperative endometrial sampling methods - hysteroscopy and curettage; comparing tumor localization, grading and staging in patients with endometrial cancer.

Methods The differences in the specifications of 64 patients that underwent hysteroscopy or curettage in tertiary care center in Croatia were tested. According to five different guidelines, all cases of endometrial cancer were classified into groups of low risk, intermediate, high-intermediate or high risk. Statistical test used for analysis were Kolmogorov-Smirnov test, T-test and the Z-test. Given data of 36 women who underwent hysteroscopy and 28 women who underwent curettage were analysed.

Results Occurrence rates of Grade 1 and Grade 2 of endometrial cancer were higher in patients who underwent hysteroscopy ($p=0.03572$, $p=0.03846$) (picture 1). According to the classification of risk factors, no differences in incidence were found between two groups (picture 2).

Conclusions In Croatia, the cervical dilation and curettage is a less-frequently used method despite being 62% more affordable than the hysteroscopy, while on the other hand, there is statistically significant difference in preferred choice of the two methods given the histologic grade of cancer and age at the time of diagnosis.

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420 IN VITRO FERTILIZATION PREGNANCY AFTER ENDOMETRIAL CANCER – CASE REPORT

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Objectives The aim of this paper is to present a case of an IVF pregnancy of a 43-year old women being treated for recurrent endometrial cancer stage IA, grade I.

Methods Our patient was initially treated five years ago when hysteroscopic ablation of endometrial polyp was performed. Pathologic examination of biopsy specimen reported a