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

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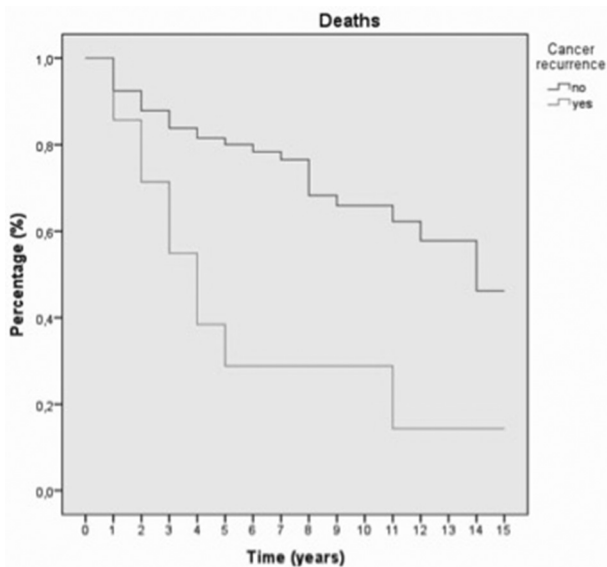
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Objectives To compare the clinical and histopathological characteristics of women with and without recurrence of endometrial cancer after primary surgical treatment.

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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IGCS19-0285

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.

IGCS19-0673

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

diagnosis of atypical polypoid adenomyoma. Two years later, patient was evaluated for recurrent local disease. At that time, pathologic examination revealed typical polypoid adenomyoma with presence of few glands with characteristics of well differentiated endometrioid adenocarcinoma stage IA, grade I.

Results After a complete evaluation of cancer staging and a detailed explanation, patient rejected conventional surgical treatment and fertility preserving treatment was started. Progestin therapy via an intrauterine device (IUD) was administered. One year later, IUD was removed and patient underwent IVF cycle with a transfer of 3 embryos without success. At the age of 43, pregnancy was achieved in IVF cycle with administration of hCG.

Conclusions Although there are existing evidence of effectiveness for using IUD progestin therapy in endometrial hyperplasia, studies for its use in treatment of endometrial cancer are lacking. We report a case of successful use of levonorgestrel - IUD alone in fertility preserving treatment followed by achieved pregnancy.

IGCS19-0250

421 CADMIUM INTAKE AS A PROGNOSTIC FACTOR IN ENDOMETRIAL CANCER: A SWEDISH COHORT-BASED STUDY

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Objectives Metalloendocrinology is a newly-termed interdisciplinary field. It was established due to the high importance of connections between inorganic chemicals and hormonal mechanisms in the human body. The estrogenic effect of cadmium in hormone-related tumours, such as endometrial cancer (EC), is an excellent example of it. Therefore, the present study aimed to investigate the role of dietary cadmium intake in the prognosis of EC.

Methods The study is based on a large cohort of Swedish women (n=416) who had a hysterectomy and bilateral salpingo-oophorectomy due to EC at the Karolinska University Hospital Solna between 2007 and 2012. Patients from the cohort answered particular questions concerning their lifestyle and dietary habits using the food frequency questionnaire (FFQ). The dietary cadmium intake from each food item was estimated using the FFQ, comprehensive database on the cadmium content, and average daily consumption of different food items. The calculated metal intake was grouped into tertials. The tertials were analysed in connection with different tumour characteristics and clinical outcomes of EC.

Results The average estimated dietary cadmium intake per day in the cohort was 13.9 µg/day. Interestingly, the cadmium input from cereal products and vegetables, mainly considered healthy, in the cohort was dominant. Among 3366.6 person-years of follow-up a total, of 54 incident cases of recurrent EC were identified. A statistically significant association between dietary cadmium exposure and progression-free survival was observed in the cohort (IRR=1.421, 95 CI=.775–2.605, p=0.041).

Conclusions Our results support the hypothesis that dietary cadmium intake may have a prognostic role in patients with EC.

IGCS19-0740

422 CORRELATION BETWEEN THE RESULTS OF THE FREEZING BIOPSY AND PARAFFIN BIOPSY ANALYSIS IN THE EVALUATION OF THE BLUE STAINED SENTINEL LYMPH NODES IN ENDOMETRIAL CANCER

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Objectives To evaluate the surgical staging with systematic pelvic lymphadenectomy in patients with endometrial adenocarcinoma submitted to sentinel lymph node screening with patent blue injection.

Methods A retrospective study of medical records from patients submitted to screening and sentinel lymph node with the patent blue attended in cancer service linked to the Oncoclínicas Group of Brazil, by the Unified Health System (SUS) from January 2015 to May 2017. The inclusion criteria were patients with endometrial biopsy with histological endometrioid adenocarcinoma with computed tomography image revealing the disease restricted to the uterus, stage Ia-Ib2 and histological grades I-II.

Results The sample consisted of 15 patients with a mean age of 56.07 ± 11.55 years. The clinical staging was IB for 93.3% of the patients, and the surgical staging was IB for 66.7% of the patients. In the evaluation of the evolution of clinical and surgical staging, 73.3% maintained staging and 26.7% confirmed more advanced staging by paraffin. The histological grades obtained by the biopsy and the surgical specimen were not associated. Two patients that the lymph nodes captured the patent blue had the disease confirmed by the pathological anatomy. There was a significant association between these characteristics (p=0.029).

Conclusions despite the small sample size, we observed that the sentinel lymph node biopsy would be enough to direct the lymphadenectomy and define the surgical staging in 90% of the patients evaluated.

IGCS19-0526

423 FERTILITY-PRESERVING SURGERY IN LOW-GRADE ENDOMETRIAL STROMAL SARCOMA WITH DIFFUSE PERITONEAL DISEASE

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Objectives Objective of the study is to share the experience of a rare disease, Low-grade Endometrial Stromal Sarcoma, with few reports in the literature and the lack of standardization in therapy, especially in the preservation of fertility in young patients.

Methods Description of a case report for diagnosis and cytoreductive surgery to the definition of the exception conduct discussed in interprofessional meeting, literature survey and opinion of centers with greater expertise in oncology.