carcinoid tumor is surgical excision regardless of histologic type. Thorough histopathologic examination and extensive sampling of a dermoid cyst is necessary to detect malignant transformation.
patients with EC and healthy female subjects. MiRNA was isolated and qPCR was used to detect expression levels of miRNAs.

Results A total of 76 women were included; 36 EC patients, 40 healthy controls. A distinct panel of miR-200a, miR-200b, miR-200c, miR-205 and miR-182 showed AUC of 0.958, sensitivity 92%, specificity 89%, positive predictive value of 89% and negative predictive value of 91% in diagnosing EC. MiR-182 expression levels were significantly related to high-grade endometrioid tumours compared to low grade.

Conclusion We demonstrated high diagnostic accuracy of miRNA for detecting EC. In addition, miRNA contributed to improved distinguishing between high-grade and low-grade endometrioid tumours. Validation of miRNA expression levels in urine will be performed in order to further optimise a non-invasive diagnostic tool.

Conclusion Introduction of an ERAS pathway resulted in less variance in practice and increased adherence to current standards in perioperative management. Patients were more often able to be discharged directly home without an increase in admission rates.

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429 IDENTIFICATION OF CLINICOPATHOLOGICAL PROGNOSTIC FACTORS IN RECURRENT ENDOMETRIAL CANCER

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Objectives Although, endometrial cancer (EC) is commonly diagnosed at an early stage and has a favorable prognosis, recurrent disease usually shows poor prognosis. However, clinicopathological prognostic factors for recurrent EC have been still unclear. The current study aimed to identify clinicopathological prognostic factors, especially in long term survivors of recurrent EC.

Methods We collected 2044 patients who underwent surgery including hysterectomy and were pathologically diagnosed as EC in our hospitals between 2001 and 2018. Clinicopathological information and survival data were retrospectively obtained by the review of medical record. Among 2044, 131 patients were included in this retrospective analysis. In recurrent cases, we analyzed the prognostic factors for long-term survivors of recurrent EC. Then we defined long-term and short-term survivors, as patients who survived ≥ 3 years (n = 53) and died within 3 years (n = 78) after first recurrence, respectively. The correlation between prognosis and clinicopathological factors was statistically analyzed.

Results In the multivariate analysis of long-term survivors, we identified that TTP ≥ 1 year after surgery (P < 0.01), surgical resection of the first recurrence (P = 0.03), non-peritoneal metastasis (P = 0.045), were significantly associated with the long-term survivors of recurrent EC.

Conclusion TTP ≥ 1 year after surgery, non-peritoneal metastasis, surgical reduction of first recurrence were good prognostic factors of long-term survivors in recurrent EC.

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430 MACHINE LEARNING MODELS TO PREDICT SURVIVAL OUTCOMES AFTER RADICAL HYSERECTOMY ACCORDING TO FIGO STAGE IB CERVICAL CANCER

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Objective To develop preoperative machine learning models predicting survival outcomes according to the surgical approach in early-stage cervical cancer.