day. The rate performed by minimal access surgery (MAS) increased from 33% to 93% despite an increasingly obese population.

Conclusion In 2019, 93% of women treated in Guildford for endometrial cancer, received MAS. Since 2008 our conversion rate to open has fallen from 18% to 1.7%, median EBL from 300 ml to 50 ml and our median LOS from 6 days to 1 night. In our experience, Robotic surgery is extremely well tolerated, safe and predictable. Increasingly, we are performing palliative procedures for women with advanced endometrial cancer with minimal negative impact. Robotic surgery is particularly well suited to high BMI patients; allowing surgical staging to be performed without undue difficulty or surgical compromise. This study demonstrates the lowest 30-day mortality (0.14%) within our robotic cohort. Introduction of the Da Vinci robot in our Centre has led to a revolutionary change in practice with significant patient benefit. Many cases previously thought not fit for surgery at all, are now recommended robotic surgery.

Disclosures Anil Tailor: Proctor for Intuitive Surgical
Jayanta Chatterjee: paid-lectures on behalf of pharmaceutical companies
Agnieszka Michael: Educational-grants: Clovis, GSK, Ipsen, Novartis, Pfizer, and Tesaro
Simon Butler-Manuel: Proctor for Intuitive Surgical, Plasma Surgical & Ethicon

Abstracts

261 BRCA1/2 MUTATIONS PREDICT BETTER SURVIVAL IN HIGH-GRADE ENDOMETRIOD ENDOMETRIAL CANCER
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10.1136/ijgc-2020-ESGO.60

Introduction/Background Recent studies and clinical trials demonstrated the vital significance of BRCA mutational status in ovarian cancer treatment, but related evidence in endometrial cancer (EC) is still limited. This study aims to investigate the role of BRCA mutations in predicting EC patients’ survival.

Methodology 510 eligible cases from the Cancer Genome Atlas database were retrospectively analysed. Clinicopathological characteristics of patients with different BRCA1/2 mutational status were compared. To analyse the survival influence of BRCA1/2 mutation, Kaplan-Meier survival analyses and Cox regressions were conducted. In order to control confounding bias between groups, propensity score matching method was used.

Results Among the eligible patients, 11 (2.2%) harboured BRCA1 mutations, 43 (8.4%) harboured BRCA2 mutations, and 36 (7.1%) harboured both. Body mass index, rates of hypertension history, proportion of non-endometrioid histology and rates of positive peritoneal cytology were lower in BRCA1/2 mutant patients compared with the wild-type counterpart (p = 0.020, 0.048, 0.001 and 0.012, respectively).

Patients with BRCA1/2 mutations showed longer overall (OS) and recurrence-free survival (RFS) (in Kaplan-Meier analyses, p < 0.001 and p = 0.004, respectively; in Cox regressions, p = 0.001 and 0.007, respectively). Further analyses indicated that the survival influence of BRCA1/2 mutations was only significant in high-grade endometrioid EC patients. Based on the cohorts generated after propensity score matching, in high-grade endometrioid EC patients, the influence of BRCA1/2 mutations remained significant on OS, but not on RFS (p = 0.003 and 0.057 in Kaplan-Meier analyses, p = 0.020 and 0.071 in Cox regressions).

Conclusion BRCA1/2 mutations could predict better survival outcome in high-grade endometrioid EC patients, indicating the value of BRCA testing in EC clinical management.

Disclosures This work was supported by the National Natural Science Foundation of China (81972426 and 81874108), Special Projects for Strengthening Basic Research of Peking University (BMU2018JC005), National Key Technology R&D Program of China (2019YFC1005200 and 2019YFC1005201).

The authors have no potential conflict of interest to disclose.