a carcinogen and endocrine disruptor, causing the endometrial hyperplasia and EC in animal studies. Sweetened beverages cause a rise in insulin, which in turn inhibits sex-hormone binding protein. This results in higher levels of circulating free oestrogens. Also, insulin has mitogenic and anti-apoptotic properties, further inducing the endometrium proliferation. The favorable influence of regular physical activity on EC relapse and death is in accordance with previous studies, including recent meta-analysis.

Therefore, we encourage women treated for EC to consider reducing sweetened beverages and fried potatoes consumption and increasing physical activity.

Disclosures The authors have nothing to disclose.

277 USE OF PREOPERATIVE AND INTRAOPERATIVE PARAMETERS FOR DECISION MAKING IN OVARIAN PRESERVATION IN ENDOMETRIAL ADENOCARCINOMA

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Introduction/Background Oophorectomy which is the integral part of surgery in endometrial adenocarcinoma leads to some adverse effects in premenopausal patients. Therefore, ovarian preservation concept has recently emerged especially in early stage disease. Several studies have shown that such approach does not adversely impact oncologic prognosis. This study aimed to retrospectively investigate the characteristics of endometrial adenocarcinoma patients with ovarian metastasis and to define criteria for ovarian preservation by using preoperative and intraoperative parameters.

Methodology Patients with endometrial adenocarcinoma who were operated at Hacettepe University Faculty of Medicine, Department of Obstetrics and Gynaecology were identified. The clinical and pathological characteristics of these patients were reviewed. Following univariate and multivariate analysis to determine factors associated with ovarian spread, different sets of criteria were analyzed to determine the subgroup of patients with no or negligible risk of ovarian metastasis.

Results The study group consisted of 725 patients and ovarian metastasis was detected in only 66 (9.1%) of the patients. Univariate analysis showed tumor diameter, grade, histological type, myometrial invasion, peritoneal cytology, lymphovascular space invasion (LVSI), cervical invasion, omental and lymph node metastasis are significantly associated with ovarian metastasis while only LVSI, cervical invasion, omental and lymphatic involvement were significant on multivariate analysis. By using preoperative and intraoperative parameters only, no risk of ovarian metastasis was seen in patients of all ages with endometrioid tumor of any grade without myometrial invasion and risk was negligible (0.7%) among 142 patients (19.6% of study population) of any age with grade 1, endometrioid type tumor without deep myometrial invasion.

Conclusion Oophorectomy is not always necessary in endometrial adenocarcinoma. Preoperative and intraoperative uterus-related factors may be used to define patients in whom ovarian preservation is safe similar to the approach used to determine surgical extent. Thus, ovaries may safely be preserved in almost 20% of patients with endometrial adenocarcinoma.

Disclosures No potential conflict of interest to declare.

291 REAL-WORLD TREATMENT PATTERNS, HEALTHCARE RESOURCE USE, AND COSTS BY LINE OF THERAPY AMONG NEWLY DIAGNOSED ENDOMETRIAL CANCER PATIENTS

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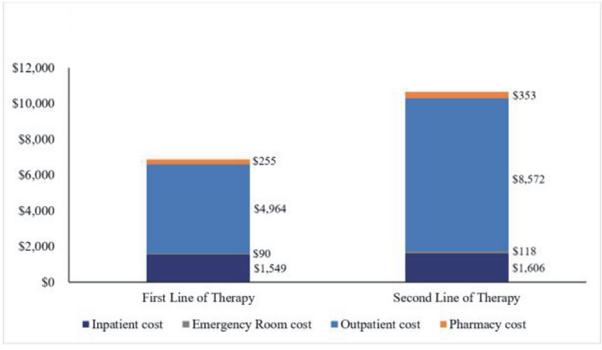
Introduction/Background Guidelines recommend surgery as primary therapy for endometrial cancer patients. Subsequent treatments can include radiation with/without systemic therapy depending on patients' prognosis. However, there is little data describing real-world treatment patterns and economic burden among newly diagnosed endometrial cancer patients. Therefore, this study aimed to assess real-world treatment patterns and healthcare costs by line of therapy (LOT) among newly diagnosed endometrial cancer patients.

Methodology Endometrial cancer patients newly diagnosed between January 2015 – June 2018 with continuous medical enrollment for 12 months prior and 6 months post diagnosis were identified in the Optum Clinformatics DataMart database. Treatments associated with endometrial cancer, including surgeries (bilateral salpingo-oophorectomy, hysterectomy and

Abstract 291 Table 1 Treatment patterns among newly diagnosed endometrial cancer patients by line of therapy

Treatments	First Line of Therapy	Second Line of Therapy
Surgery [a]	N=3,309	N=47
Hysterectomy	3,274 (98.94%)	41 (87.23%)
Lymphadenectomy	1,580 (47.75%)	20 (42.55%)
Bilateral salpingo-oophorectomy	830 (25.08%)	11 (23.40%)
Radiation [a]	N=884	N=501
Radiation only	55 (6.22%)	330 (65.87%)
Radiation + systemic	58 (6.56%)	163 (32.53%)
Radiation + surgery	604 (68.33%)	4 (0.8%)
Radiation + surgery + systemic	167 (18.89%)	4 (0.8%)
Systemic only [a]	N=152	N=231
Carboplatin	49 (32.24%)	116 (50.22%)
Paclitaxel	42 (27.63%)	100 (43.29%)
Megestrol acetate	35 (23.03%)	12 (5.19%)
Other	88 (57.89%)	144 (62.34%)
Systemic with surgery/radiation [a]	N=780	N=184
Carboplatin	529 (67.82%)	80 (43.48%)
Paclitaxel	507 (65.0%)	74 (40.22%)
Cisplatin	55 (7.05%)	12 (6.52%)
Other	320 (41.0%)	122 (66.3%)

a The categories are not mutually exclusive as patients may have received a combination of these therapies. Radiation therapy includes external beam radiotherapy and brachytherapy.



Abstract 291 Figure 1 Mean per patient per month healthcare costs by line of therapy among newly diagnosed endometrial cancer patients