Conclusion* Appropriate preoperative imaging evaluation of potential anatomic variations based on imaging findings may contribute in avoiding significant intraoperative challenges.

Introduction/Background* Regional guidelines were changed from MRI scan to CT scan as the choice of investigation to optimize treatment decision making in women with endometrial cancer. We audited our practice to assess the compliance in adhering to this guideline, to assess need for further investigations like MRI and to correlate our CT staging to final histological staging.

Methodology All Endometrial cancer cases diagnosed on pippelle biopsy from Aug 2017 to Mar 2020 were retrospectively analyzed. We reviewed case notes, radiology and pathology results to assess the compliance in following the guideline and the reasons for performing additional MRI scans.

Result(s)* There were 198 cases during this period. Grade 1 Endometrioid Endometrial Cancer (EEC): 92; Grade 2 EEC:37; Grade 3 EEC :35, Serous, clear cell adenocarcinoma, or carcinosarcoma: 21; Atypical/Complex Atypical hyperplasia :11. Biopsy was inconclusive in 2.

Our compliance in adhering to requesting CT scan was 99% (196 out of 198 cases). In addition to CT scan MRI scan was only required in 19% of cases (8%, 29%, 33% of patients in Gr 1 EEC, Gr 2 or 3 EEC and other types of endometrial cancer respectively). In 11 patients (5%) CT scan was performed for additional reasons.

The reasons for imaging (CT and MRI) out with the policy were MDT request (14), pre op evaluation (9), local extension (10), Adnexal masses (5), Radiologist request (2).

In cases where CT staging and final histological staging was available (N=38), the Positive Predictive Value of CT scan in staging the disease in stage 1, stage 2 and stage 3 are 100%, 33% and 70% respectively.

Conclusion* Our compliance in adhering to the guideline was good and we managed to reduce the MRI work load by 80%. This change in trust guidelines makes optimal use of premium resources like MRI scan.

Introduction/Background* The clinicopathological characteristics, recurrence patterns, and survival of patients with grade III endometrial cancer (G3EC) and uterine carcinosarcoma (UCS) were compared.

Methodology The medical records of patients treated for G3EC and UCS between January 1996 and December 2016 at X gynecologic oncology centers in Turkey and Germany were analyzed.

Result(s)* UCS was diagnosed in 353 (48.2%) of the enrolled patients and G3EC in 380 (51.8%). The patients in each group were divided into three subgroups depending on the disease stage: early (stage IA), locally advanced (IB-II) and advanced (III-IV). For all stages, the recurrence rate was higher in patients with UCS than in those with G3EC. Adjuvant treatment type had no significant effect on disease-free survival (DFS) or overall survival (OS) in patients with early stage tumors. In patients with locally advanced disease, radiotherapy (RT) + chemotherapy (CT) was the most effective type of adjuvant therapy with respect to DFS and OS. In those with advanced disease, RT + CT was the most effective type of adjuvant therapy but only with respect to DFS.

Conclusion* The recurrence rate was higher in UCS patients than in G3EC patients, regardless of disease stage. DFS was of shorter duration in UCS than in G3EC patients. OS did not significantly differ between UCS and G3EC patients with early or locally advanced disease. In patients with early stage UCS or G3EC, adjuvant therapy modalities had no effect on survival. However, in both groups of patients with locally advanced disease, adjuvant CT and RT resulted in a significant improvement in DFS and OS.
lymphadenectomy were negatively correlated with DFS, while LVS, mitotic count, higher degree of nuclear atypia, FIGO stage II-IV disease, and suboptimal surgery significantly decreased OS.

Conclusion* LVSI and higher degree of nuclear atypia appear to be prognostic indicators for uLMS. Lymphadenectomy seems to have a significant effect on DFS but not on OS.

Introduction/Background* Risk factors for lymphoedema of the lower limbs (LLL) after treatment of endometrial cancer (EC) is disputed. Body mass index (BMI) is strongly associated with LLL. The aim of this study was to determine the impact of BMI on risk factors for LLL, assessed as crude volume of lymph nodes removed, location and extent of LA were strong independent risk factors for LLL. The effect of obvious risk factors and therefore weighed the effect of LA as a risk factor. Neither number of lymph nodes removed, location, nor extent of LA were outweighed the effect of LA as a risk factor. Neither number of lymph nodes removed, location, nor extent of LA were weighed the effect of LA as a risk factor. Neither number of lymph nodes removed, location, nor extent of LA were weighed the effect of LA as a risk factor.

Methodology An observational prospective multicentre study was conducted in 14 Swedish hospitals enrolling 234 women with EC, 116 underwent surgery including pelvic and para-aortic lymphadenectomy (LA) and 119 had surgery without LA. LA was assessed at baseline preoperatively and one year postoperatively by systematic circumferential measurements of the legs, enabling estimation of leg volume. Leg volume was determined as the de facto volume, i.e. crude volume and as the leg volume to a standardised BMI, i.e. BMI-SV.

Risk factors were analysed using multiple logistic forward stepwise regression models.

Result(s)* Lower BMI and medication with diuretics were independent risk factors for LLL determined by crude leg volume \( >10\% \) (aOR 0.88, 95%CI 0.80-0.97 and aOR 2.67, 95%CI 1.04-6.89, respectively) whereas LA was not a risk factor. The BMI and change in BMI from baseline to one year outweighed the effect of LA as a risk factor. Neither number of lymph nodes removed, location, nor extent of LA were independent risk factors for LLL determined by crude volume increase \( >10\% \).

By using BMI-SV volume increase \( >10\% \) as LLL independent risk factors were adjuvant radiation therapy (aOR 15.02, 95%CI 2.34-96.57), LA (aOR 14.42, 95%CI 3.49-59.62), diabetes mellitus (aOR 5.44, 95%CI 1.67-17.66), and age (aOR 1.07, 95%CI 1.00-1.15). Simultaneously, the number of lymph nodes removed, location and extent of LA were strongly predictive for development of LLL.

Conclusion* BMI was a strong risk factor for LLL that outweighed the effect of obvious risk factors and therefore should be adjusted for when assessing LLL. Adjuvant radiation therapy and LA were strong independent risk factors for LLL together with age and diabetes mellitus. There is a need for a ‘gold standard’ for determining LLL when addressing risk factors.

Introduction/Background* Incidence rates of endometrial cancer are increasing over the time in all ages, corresponding with an increase in the young women. Multiple risk factors have been identified such as unopposed oestrogens, nulliparity, obesity, family history of malignancy, polycystic ovaries, diabetes, hypertension etc. The objective of study was to conduct clinical-pathological analysis and predict the risk factors for development of endometrial cancer in reproductive age group women in Indian population and to identify preventive measures for this group.

Methodology A retrospective review of women with endometrial cancer was performed. Medical records analysed for histopathologically confirmed and treated endometrial carcinoma patients between February 2012 and August 2020. Out of 129, only 10 women were premenopausal and under the age of 45 years at the time of diagnosis. Data were abstracted regarding age, parity, diabetes, hypertension, polycystic ovaries, body mass index (BMI), tumour histology, grade, stage, and survival. Clinical and pathological characteristic were compared and statistical analyses were performed using SPSS version 22.0.

Result(s)* The mean age at the time of diagnosis was 38.50 years (range 34.50-41.25) and mean BMI (kg/m²) was 30.55 (range 27.23- 38.45). 50% patients were obese (BMI >30) and 40% were overweight (BMI 25-30). Only 5 out 10 women had nulliparity however, 70% women had history of polycystic ovaries, confirmed with ultrasound or on histopathological specimen. Family history was also found to be strongly associated with endometrial cancer with 70% prevalence rate. The prevalence of diabetes mellitus, hypertension and hypothyroidism were 20%, 10% and 10% respectively. Seven patients (70%) had well differentiated tumours and had stage 1A disease. Only 20% patients had completed 5-years disease free interval, one patient was expired with recurrence and stage 3 disease, while one women was lost to follow up after surgery.

Conclusion* We conclude that the obesity, family history and polycystic ovaries are strongly associated risk factors for endometrial cancer in women aged 45 years or younger. We could not find any significant association with medical disorders such as diabetes and hypertension. Nulliparity seems to have less strong relationship with development of endometrial cancer. Majority of young patients have early stage disease with well differentiated tumours and favourable histology.