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

890 AUDIT ON COMPLIANCE IN ADHERING TO NEW IMAGING PROTOCOL IN ENDOMETRIAL CANCER

S Ragi*, C Innes, A Campbell, S Gurram. *NHS, UK*

10.1136/ijgc-2021-ESGO.210

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 the need for further investigations like MRI and to correlate our CT staging to final histological staging.

Methodology All Endometrial cancer cases diagnosed on pipelle 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.

930 COMPARISON OF CLINICOPATHOLOGICAL CHARACTERISTICS AND SURVIVAL OUTCOMES OF PATIENTS WITH GRADE III ENDOMETRIOID ADENOCARCINOMA AND CARCINOSARCOMA

¹K Güngördük, ²H Plett, ³V Gülseren, ⁴MM Meydanlı*, ⁵G Boyraz, ⁶IA Özdemir, ⁷H Şahin, ⁸T Şenol, ⁹N Yıldırım, ¹⁰T Turan, ¹¹T Oge, ¹²M Gokcu, ¹³S Taşkın, ¹⁴A Ayhan, ¹⁵B Ataseven. ¹Mugla Sıtkı Kocman University, Muğla, Turkey; ²Charité University Hospital, Berlin, Germany; ³Tepecik Education and Research Hospital, Turkey; ⁴Zekai Tahir Burak Women's Health Training and Research Hospital, Ankara, Turkey; ⁵Etilik Zubeyde Hanim Women's Health Training and Research Hospital, Turkey; ⁶Dr Sadi Konuk Training and Research Hospital, Turkey; ⁷Baskent University, Turkey; ⁸Zenye Kamil Women's Health Education and Research Hospital, Turkey; ⁹Ege University, Turkey; ¹⁰Eskişehir Osman Gazi University, Turkey; ¹¹Izmir University of Economics Medicine Faculty Medical Park Hospital, Gynecological Oncology, Izmir, Turkey; ¹²Ankara University, Turkey

10.1136/ijgc-2021-ESGO.211

Introduction/Background* The clinicopathologic 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.

931 PROGNOSTIC FACTORS AND SURVIVAL OUTCOMES OF WOMEN WITH UTERINE LEIOMYOSARCOMA: A TURKISH UTERINE SARCOMA GROUP STUDY-003

¹A Ayhan, ²K Güngördük, ³G Khatib, ⁴Z Cüylan, ⁵N Boran, ⁶M Gokcu, ⁷H Celik, ⁸N Ozgul, ⁹O Akbayır, ¹⁰T Simsek, ¹¹A Bakay, ¹²F Köse, ¹³M Tunç, ¹⁴Ü Küçükgöz, ¹⁵S Koç, ¹⁶E Kusu, ¹⁷MA Vardar, ¹⁸H Akıllı, ¹⁹C Taskiran, ²⁰MM Meydanlı*. ¹Baskent University, Turkey; ²Mugla Sıtkı Kocman University, Turkey; ³Çukurova University; ⁴Ankara City Hospital; ⁵Etilik Zubeyde Hanim Women's Health Training and Research Hospital; ⁶Izmir University of Economics Medicine Faculty Medical Park Hospital, Gynecological Oncology, Izmir, Turkey; ⁷Baskent Üniversitesi Adana Uyg. ve Araşt. Merkezi Yürekli Baskent Hastanesi, Turkey; ⁸Hacettepe University; ⁹Kanuni Sultan Süleyman Education and Research Hospital; ¹⁰Akdeniz University; ¹¹Ondokuz Mayıs University; ¹²Acıbadem University; ¹³Koç University; ¹⁴Zekai Tahir Burak Women's Health Training and Research Hospital, Turkey

10.1136/ijgc-2021-ESGO.212

Introduction/Background* To assess the clinicopathological features, prognostic factors, and survival rates associated with uterine leiomyosarcoma (uLMS).

Methodology Databases from 15 participating gynecological oncology centers in Turkey were searched retrospectively for women who had been treated for stage I-IV uLMS between 1996 and 2018.

Result(s)* Of 302 consecutive women with uLMS, there were 234 patients with Federation of Gynecology and Obstetrics (FIGO) stage I disease and 68 with FIGO stage II-IV disease. All patients underwent total hysterectomy. Lymphadenectomy was performed in 161 (54.5%) cases. A total of 195 patients received adjuvant treatment. The 5-year disease-free survival (DFS) and overall survival (OS) rates were 42% and 54%, respectively. Presence of lymphovascular space invasion (LVSI), higher degree of nuclear atypia, and absence of

lymphadenectomy were negatively correlated with DFS, while LVSI, 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.

935

BODY MASS INDEX AS RISK FACTOR FOR LYMPHOEDEMA ONE YEAR AFTER SURGERY FOR ENDOMETRIAL CANCER. A PROSPECTIVE LONGITUDINAL MULTICENTRE STUDY

¹M Wedin*, ²K Stalberg, ³J Marcickiewicz, ¹E Ahlner, ⁴U Ottander, ⁵Å Åkesson, ¹G Lindahl, ¹N Borendal Wodlin, ¹P Kjölhede. ¹Linköping university, Department of biomedical and clinical sciences, Linköping, Sweden; ²Uppsala University, Department of Women's and Children's Health, Uppsala, Sweden; ³Varberg Hospital, Department of Obstetrics and Gynaecology, varberg, Sweden; ⁴Umeå University, Department of Clinical Sciences, Umeå, Sweden; ⁵Sahlgrenska Academy at the University of Gothenburg, Institute of clinical sciences, Gothenburg, Sweden

10.1136/ijgc-2021-ESGO.213

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 increase $\geq 10\%$ or as BMI-standardised volume increase (BMI-SV) $\geq 10\%$, one year after surgery for early-stage EC.

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. LLL 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 $\geq 10\%$ (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 $\geq 10\%$.

By using BMI-SV volume increase $\geq 10\%$ 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.

940

RISK FACTORS IN YOUNG REPRODUCTIVE WOMEN WITH ENDOMETRIAL CANCER: AN OBSERVATIONAL STUDY

¹K Sumanth*, ¹R Bhat, ²V Dakharia. ¹apollo hospital and imperial research and oncology center, gynecologic oncology, bengaluru, India; ²healthcare global enterprises, gynecologic oncology, bengaluru, India

10.1136/ijgc-2021-ESGO.214

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 clinic-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 of 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 woman 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.

957

PROGNOSTIC FACTORS IN CLEAR CELL CARCINOMA OF ENDOMETRIUM: ANALYSIS OF 55 CASES

¹V Loizzi, ¹E Cidnelli, ¹F Arezzo, ¹V Cataldo, ¹M Mongelli, ²F Legge, ³G Cazzato, ³G Serio, ³L Resta, ¹G Cormio*. ¹Obstetrics and Gynecology Unit, University of Bari; ²Gynecologic Oncology Unit, General Regional Hospital 'F. Miulli' of Acquaviva delle Fonti; ³Pathology Section, University of Bari

10.1136/ijgc-2021-ESGO.215