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

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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 ≥10% or as BMI-standardised volume increase (BMI-SV) ≥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 ≥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.

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

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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, poly cystic 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.

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

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Introduction/Background* The purpose of this study was to evaluate the clinical and pathologic prognostic factors associated with survival in patients with clear cell carcinoma (CCC) of the endometrium.
Methodology Retrospective review of endometrial clear cell carcinoma was conducted in order to evaluate the clinicopathologic prognostic factors.
Result(s)* Fifty-five patients were diagnosed with endometrial CCC. The median overall and disease-free survivals were 40 and 20 months, respectively. A univariate analysis was performed with respect to stage of disease, age, lymph nodes status, myometrium invasion, lymph vascular space invasion and adjuvant therapy. Stage was found to be the only important prognostic factor related to survival. In fact, early stage had a median survival of 77 months compared to 34 months in the advanced disease ($p<0.04$). These differences remained significant after adjusting for single stage (stage III versus IV). However, no differences in survival were observed between stage I and II.
Conclusion* Endometrial CCC is a rare histotype. Advanced stage disease is considered a poor prognostic factor. Recurrences are high even in early stage. Randomized clinical trials are needed.

967 END-OF-STUDY RESULTS OF A PROSPECTIVE LONGITUDINAL STUDY ON SENTINEL NODE DETECTION IN ENDOMETRIAL CANCER BY DUAL FUNDIC AND CERVICAL ICG INJECTION

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Introduction/Background* The aim of this study is to present the final results of the study of dual cervical and fundal injection with ICG in endometrial cancer for sentinel lymph node detection. The hypothesis of this study is that fundal injection does not obviate the infundibulo-pelvic drainage pathway and improves the detection of the aortic sentinel lymph node, making it possible to add aortic mapping to the excellent pelvic mapping achieved by cervical injection.
Methodology This is a 6-year (June 2014-December 2020) prospective, observational cohort study with 332 patients evaluated. Inclusion criteria were early endometrial cancer, and low/intermediate or high risk criteria of the ESMO/ESGO/ESTRO 2014. Sentinel lymph node (SLN) biopsy with dual cervical and fundal indocyanine green injection was performed in all cases, associating aorto-caval lymphadenectomy up to the left renal vein in intermediate and high risk cases.
Result(s)* Detection rate (DR) was 94%. Pelvic DR, Bilateral Pelvic and Aortic Dr was 91.3%, 70.5% and 67.2%. The DR of all the anatomical areas (left & right pelvic & aortic) was 53.6%. Sentinel node detection improved overall detection by 3%. There were a total of 16.9% positive nodes for macrometastases or low-volume disease, 1 out of 4 isolated lymph node metastases corresponds to the aortic area. Sensitivity was 98.3% (95% CI 91-99.7), specificity 100% (95% CI 98.5-100), NPV 99.6% (95% CI 97.8-99.9) and PPV 100% (95% CI 93.8-100).
Conclusion* Dual fundic and cervical injection is a feasible technique, which provides additional mapping of the aortic area and allows improved sentinel node detection rates in endometrial cancer, allowing detection of otherwise missed aortic lymph node involvement, which corresponds to a quarter of stage IIIC, and thus a greater number of cases of lymph node involvement that are not limited to the pelvic area.

974 HORMONAL RECEPTORS EXPRESSION IN UTERINE LEIOMYOSARCOMAS

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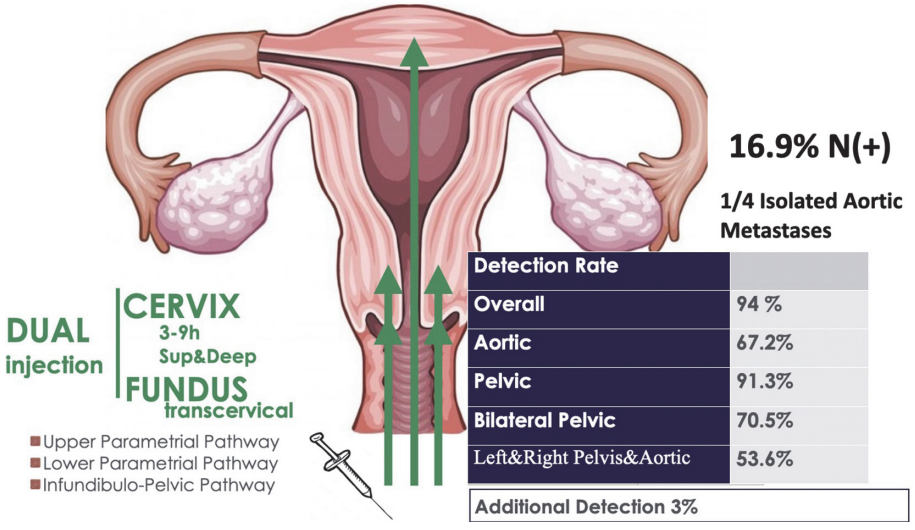
Introduction/Background* Uterine leiomyosarcoma (ULS) is a rare tumor, accounting for less than 2% of uterine cancers. Its prognosis is poor because of its aggressiveness and its poor response to chemotherapy and radiation therapy. The evaluation of anatomo-pathologic conventional parameters,



Abstract 967 Figure 1