three patients who gross extraterine disease and in the afore¬
mentioned patient who had not surgery. Eleven (48%) patients had adjuvant treatments, consisting in anthracycline-based che¬
motherapy (n=4), gemcitabine-based chemotherapy (n=2), mTOR inhibitors (n=4) and hormonal treatment (n=1). Median (range) follow-up as 23 (2, 99) months. Eleven (48%) recurrences occurred with a mean (SD) progression free-sur¬
vival of 14 (11) months. After a median (range) follow-up of 23 (2, 99) months, nine (39%) patients died of disease. Resid¬
ual tumor at surgery was the only factor correlating with the risk of developing recurrent disease (p=0.023) and worse overall survival (p=0.014). In our small series, stage of disease and adjuvant therapy administration had no impact on survival outcomes.

Conclusion Uterine PEComa represents a rare and aggressive entity. Molecular/genomic profiling of the disease is necessary to predict response to treatment. Further collaborative investiga¬
tions are warranted to assess the role of various prognostic factors and evaluate the most effective surgical and medical treatment modalities.

LOW PREOPERATIVE SKELETAL MUSCLE DENSITY PREDICTS POSTOPERATIVE COMPLICATIONS AND FUNCTIONAL DECLINE IN OLDER WOMEN WITH OVARIAN CANCER

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Introduction/Background Insights in how to select older patients who can benefit from standard care and patients that need adjusted treatment are necessary. This study aims to determine the predictive value of lumbar skeletal muscle mass and density, measured on a computed tomography (CT) scan, for postoperative outcomes in older women with advanced stage ovarian cancer.

Methodology A multicentre, retrospective cohort study was performed in women ≥70 years old with advanced stage ovar¬
ian cancer who underwent surgery. Skeletal muscle mass and density were assessed in axial CT slices on level L3. Low skele¬
tal muscle mass was defined as skeletal muscle index <38.50 cm²/m². Low skeletal muscle density was defined as one standard deviation below the mean (muscle attenuation <22.55 Hounsfield Units). The primary outcome was any postoperative complication ≤30 days after surgery. Secondary outcomes included severe complications, infections, delirium, prolonged hospital stay, discharge destination, discontinuation of adjuvant chemotherapy and mortality.

To investigate whether skeletal muscle density was of added value as a predictor for postoperative complications, we first built a model with pre-existing relevant preoperative predictors only. After this model was built, we added skeletal muscle density to assess if it improved the model. A statistically significant step Chi-square statistic demonstrated that the new model performed better than the model with existing predictors.

Result(s) 213 Patients were included. Preoperative low skele¬
tal muscle density was associated with postoperative complica¬
tions ≤30 days after surgery (Odds Ratio (OR) 2.83; 95% Confidence Interval (CI) 1.41-5.71), severe complications (OR 3.01; 95%CI 1.09-8.33), infectious complications (OR 2.79; 95%CI 1.30-5.99) and discharge to a care facility (OR 2.79; 95%CI 1.09-8.33). Preoperative low skeletal muscle mass was only associated with infectious complications (OR 2.32; 95%CI 1.09-4.92). In a multivariable model (table 1), low skeletal muscle density was of added predictive value for postoperative complications to the strongest existing predictor functional impairment (KATZ-ADL ≥2) (2.57; 95%CI 1.21-5.45; step Chi-Square statistic p=0.01).

Conclusion Low skeletal muscle density, as a proxy of muscle quality, is associated with worse postoperative outcomes in older patients with advanced stage ovarian cancer. These find¬
ings can contribute to preoperative risk assessment and clinical decision making.

USEFULNESS OF Hysteroscopy IN THE MANAGEMENT OF BREAST CANCER PATIENTS WITH TAMOXIFEN AS AN ADJUVANT TREATMENT

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Introduction/Background* An increased risk of endometrial cancer and other endometrial pathologies is associated with the use of tamoxifen. Our objective is to evaluate the hysteroscopic approach on patients who had received tamoxifen as an adjuvant therapy for a breast cancer.

Methodology Retrospective observational study of 7406 office hysteroscopies performed between January 2010 and December 2019 at our university hospital. 213 patients who have received tamoxifen were found and included on this study.

Result(s)* The mean age was 53.6±10.1 years. 167 patients (78%) were postmenopausal, while 45 (22%) were premenopausal.

138 office hysteroscopies were performed on symptomatic patients: 128 patients (60%) with postmenopausal bleeding and 10 patients (5%) with hypermenorrhea. Besides, 66 asymptomatic patients (30%) with abnormal ultrasound underwent an office hysteroscopy.

Ultrasound performed before hysteroscopy allowed to reveal 86 endometrial polyps (41%), 10 submucosal myomas (5%) and 11 patients with endometrial increased thickness (5%). On the 105 patients left (50%), ultrasound was normal. 17 office hysteroscopies could not be performed because of cervical stenosis. We found 88 (42%) endometrial polyps, 7 (3%) submucosal myomas and 3 (2%) uterine malformations. 85 (41%) patients underwent the hysteroscopy without abnormal findings. Hysteroscopy was suggestive of endometrial hyperplasia on 8 patients (4%). Findings were highly suggestive of endometrial carcinoma on 4 patients (2%).

On the histologic examination, malignancy was confirmed on the 4 patients with hysteroscopy suggestive of endometrial adenocarcinoma, while endometrial hyperplasia was confirmed on 13 patients (6%).

Two of the four patients with diagnosis of endometrial adenocarcinoma were symptomatic (postmenopausal bleeding). Ultrasound on these patients showed endometrial polyps. The other two patients were performed a hysteroscopy because of increased endometrial thickness. Hysteroscopy revealed endometrial neformations with atypical vascularization.

Conclusion* Our results show the increased risk of endometrial pathology on tamoxifen-treated patients, according to the existing literature. Ultrasound can be a good first approach on asymptomatic patients, but with limited accuracy. However, hysteroscopy is the best way of evaluating the endometrial cavity, making possible to see and treat endometrial pathologies on the same procedure. Furthermore, more studies are needed to validate the use of hysteroscopy as a first approach on symptomatic patients.

Abstract 169 Figure 1