Result(s)* Since the beginning of the project we recruited more than 440 patients. Discovery proteomics and discovery metabolomics phase have been concluded. Targeted proteomics and targeted metabolomics analysis are currently in progress and we are awaiting the results.

Conclusion* Within the project we expect to find different metabolic and protein profiles in patients with early stages of EC as compared to controls and in patients with poor prognosis and high risk of disease progression and recurrence as compared to those with favorable prognosis.

Great effort was put into informing the lay and expert public about the importance of the translational studies in EC. We have established an official website (https://bioendocar.eu/), Twitter profile and Facebook page (https://www.facebook.com/bioendocar) where we post all news concerning the project.

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VALIDATION OF THE PORTEC NOMOGRAMS IN PATIENTS WITH EARLY ENDOMETRIAL CANCER – A RETROSPECTIVE ANALYSIS

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Introduction/Background* Treatment for endometrial cancer consists of surgery followed by appropriate risk adapted adjuvant treatment. Pooled analysis from the PORTEC-1 and -2 trials was used in development of nomograms that incorporated mode of adjuvant treatment in predicting risk of recurrence. In the present study, we have validated performance of the PORTEC nomograms in patients with early endometrial cancer treated at a single tertiary cancer centre in India.

Methodology A retrospective analysis of patients of endometrial cancer treated with Observation (Obs), Vaginal Brachytherapy (VBT), or External beam Radiotherapy (EBRT) as adjuvant post-surgery was carried out. All patients were with endometrioid histology and had Stage I (FIGO 2009) disease. Patients who received chemotherapy were excluded. Three-hundred and eighteen patients treated between 2009-18 were included. Nomogram validation was performed by calculation of Concordance Index using Harrell's estimator.

Result(s)* Median age at diagnosis was 57 years (IQR 52-63 yrs). 201 (63.2%) patients had Stage IA disease, while 117 (36.8%) patients had Stage IB disease at presentation. According to the ESMO-ESGO-ESTRO 2016 risk stratification 168 (52.8%) patients were low risk, 76 (23.9%) patients were intermediate, 42 (13.2%) were high-intermediate and 32 (10.1%) patients were high risk. Lymphovascular space invasion was seen in 22 (7%) patients. The adjuvant therapy offered was Observation in 136 (42.8%) patients, VBT in 109 (34.2%) patients and EBRT in 73 (23%) patients. With a median follow-up of 40 months the loco-regional control,

distant-relapse free survival, disease-free and over-all survival at 3-yrs were 97%, 97.3%, 94.8% and 97.8% respectively. Concordance index for Overall Survival (OS) was 0.72 (95% C.I: 0.45-0.99), for Disease-free survival (DFS) was 0.74 (95% C.I.0.66-0.83) and for Distant Relapse was 0.65 (95% C.I. 0.54-0.77). Concordance index for loco-regional recurrence could not be reliably derived.

Conclusion* The PORTEC nomograms for DFS and OS were validated in patients with stage I endometrial cancer in an Indian cohort and could be used for shared decision making regarding adjuvant treatment in patients with early endometrial cancer.

HYSTEROSCOPIC DIAGNOSIS OF ENDOMETRIAL CANCER IN PREMENOPAUSAL WOMEN: A DESCRIPTIVE RETROSPECTIVE STUDY

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Introduction/Background* The aim of the present study was to determine the epidemiological, clinical and diagnostic features of endometrial cancers (EC) in premenopausal women diagnosed with hysteroscope.

Methodology We conducted a descriptive retrospective study in a university hospital. We involved 2367 patients who underwent office-based hysteroscopy from 1st January 2017 to 31st December 2019. Our research identified 47 patients with histological diagnosis of EC. Of these, 6 were premenopausal women.

Result(s)* Out of the 2367 office-based hysteroscopies performed, 47 cases (1,98%) of EC diagnosed by hysteroscopic exam and endometrial sampling. 6 records (12,76%) were premenopausal. These patients were referred to our gynaecological service complaining about abnormal uterine bleeding. 5 patients (83,3%), with heavy menstrual bleeding (HMB) and one case of inter-menstrual bleeding (IMB). Premenopausal patients aged 34-52 years (mean age 42,83 years).

Risk factors of endometrial cancer to highlight in our premenopausal cohort were the following. Obesity was the strongest risk factor; 4 patients (66,6%) showed a body mass index (BMI) $\geq 30 kg/m^2$. The average BMI was $35 kg/m^2$. On the other hand, two patients had normal BMI. Additionally, we found two nulliparous women (33,3%), and two patients (33,3%) carrying Mirena IUD. We did not get any interest family history.

At the ultrasound examination, endometrial pathology was identified in 5 patients (83,3%). The most frequent ultrasonographic pathological finding was endometrial polyp in 4 cases (66,6%), two of which showed myoma too. Also, one result of submucosal myoma without other lesion.

If we focus on hysteroscopic lesions, atypical polyps were found in all cases. The final histological examination showed endometrioid endometrial adenocarcinoma. There were 3 results (50%) in situ and the other three were stage IA G1.

Conclusion* This review supports that obesity is a significant modifiable risk factor for EC during premenopause. The overall rate of BMI $\geq 30 kg/m^2$ in this study was 66%.