

in the team. All of the surgeries were carried out by trainees in Gynaecological Oncology and supervised by a specialist. The qualifications for a total hysterectomy with bilateral salpingo-oophorectomy and lymph node staging were based on ESGO recommendations. Two groups were compared in the following fields: age, BMI, time of the procedure, total number of dissected pelvic and paraaortic lymph nodes, complications, postoperative hospital stay.

Result(s)* Most of the results obtained were similar in both groups. The average age of the participants in both groups was 64,57 years (laparoscopy: 63,48 years, open surgery: 66,35 years), BMI was 31,49 kg/m² (31,67 vs 31,25 kg/m²). The quantity of dissected lymph nodes during laparoscopy was 21,2 pelvic nodes and 12,4 paraaortic nodes per procedure and respectively 23,76 and 12,9 for laparotomy. The rate of complications was equal in both groups (n=6). Significant differences were observed in two areas. The time of surgery was longer in a laparoscopic group (181 minutes) vs. 141 minutes for open surgery. The postoperative stay took 3 days after the minimally invasive procedure and 6 days after laparotomy.

Conclusion* The outcome of surgical treatment performed by trainees was comparable in both groups. The minimally invasive surgery group had many benefits as quick recovery, great precision of surgery with an adequate oncological accuracy. The longer duration of laparoscopic procedures is a result of a learning curve.

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SURVIVAL ANALYSIS OF ENDOMETRIAL CANCER. OUR EXPERIENCE IN LAS PALMAS DE GRAN CANARIA

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Introduction/Background* Self-evaluation and analysis of healthcare practice in a Gynecology Oncology unit represents an advance in the strategy to improve the quality of cancer care, in this case, endometrial cancer, allowing to obtain relevant data on the quality of care practice.

Methodology Retrospective descriptive study carried out in CHUIMI. We included patients diagnosed with endometrial cancer during the study period 2012-2016. We analyzed epidemiological variables, histological type, type of treatment, final FIGO stage and 5-year overall survival.

Result(s)* A total of 498 patients were diagnosed with endometrial cancer during this period. Mean age of 64.3 years (range 29–89 years) and a mean BMI of 33.5. 60.2% of the patients were diagnosed in stage IA; 48.7% of which were grade 1 and 2. Type I (endometrioid and mucinous) accounted for 74.3% versus 25.7% type II. 40.8% of the patients were classified as low risk presenting a 5-year survival of 99%. Patients with intermediate risk represented 5.9% and had a 96% 5-year survival. Patients with intermediate-high risk (19.7%) had a 5-year survival of 88%. The patients included in the high-risk group (28.2%), had a 5-year survival of 62%, these differences were statistically significant.

We analyzed survival according to the histological type, finding a 5-year overall survival rate of 91.9% in type I, while it was 60.8% for type II, these differences were statistically significant.

Conclusion* The data analyzed in our Gynecology Oncology Unit are similar to those exposed in the literature, there is an important difference in terms of 5-year survival between the low and high risk groups, 99% vs 62% respectively.

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TERTIARY LYMPHOID STRUCTURES AS MARKERS OF ANTI-TUMOR IMMUNITY WITH INDEPENDENT PROGNOSTIC VALUE IN THE PORTEC-3 TRIAL OF HIGH-RISK ENDOMETRIAL CANCER

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Introduction/Background* Tertiary lymphoid structures (TLS) are ectopic lymphoid tissues that form in and around cancers. TLS consist of a germinal centre (GC) with proliferating B-cells and follicular dendritic cells (FDCs), as well as a peripheral T-cell zone. Local and systemic B- and T-cell responses are thought to be initiated and maintained at the TLS. Here, we analysed whether TLS were associated with anti-tumour immunity and a reduced risk of recurrence in endometrial cancer (EC).

Methodology TLS were quantified by an expert pathologist (TB) on H&E-stained tumour slides of the cancer genome atlas uterine cancer cohort (TCGA UCEC), and by immunohistochemistry (IHC) on tumour slides from the PORTEC-3 trial biobank. Time to recurrence analysis were performed according to Kaplan-Meier's method, using log-rank tests and Cox' proportional hazards models, including prespecified multivariable analysis with clinicopathological and molecular risk factors.

Result(s)* Differential gene expression analysis of TLS-positive and TLS-negative cases from TCGA UCEC identified, among others, L1-cell adhesion molecule (L1CAM) (figure 1A). IHC of PORTEC-3 cases revealed expression of L1CAM in TLS GCs, where it co-localised with CD21 on FDCs. TLS were observed in the myometrial wall distal and proximal to the tumour (figure 1B). Tumour tissues of 377 PORTEC-3 participants could be included for analysis of L1CAM-defined TLS. L1CAM-defined TLS were identified independent of L1CAM expression in tumour cells and across all molecular subgroups, though enriched in mismatch repair deficient (MMRd) and polymerase-epsilon mutant (POLEmut) EC (figure 2). TLS were significantly more frequent in MMRd EC with secondary TP53 mutations (p=0.008). Intra-tumoural CD8⁺-cell densities were significantly higher in TLS-positive cases. Five-year risk of recurrence was 7.2% (95%CI 0.9-13.1) in EC patients with TLS (n=70), and 27.8% (95%CI 22.6-32.7, p-value <0.0001) in EC patients without TLS (n=307). This favourable