**OP010/#223**

**EXTRAPELVIC RECURRENCE RISK IN WOMEN WHO UNDERWENT MINIMALLY-INVASIVE VERSUS OPEN LAPAROTOMY FOR INTERMEDIATE-RISK ENDOMETRIAL CANCER: A MULTI-CENTER REVIEW**


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**Objectives**

Objective: Minimally invasive surgery (MIS) is a common approach in endometrial cancer care. Recent studies have shown increased recurrence rates for women undergoing MIS versus laparotomy. Our goal was to assess endometrial cancer recurrence rates for MIS versus laparotomy.

**Methods**

A multi-centre retrospective study was conducted for cancer recurrence rates for MIS versus laparotomy. Our goal was to assess endometrial cancer treated surgically between January 1/2010-December 31/2019. Surgical and pathology data were collected from two major cancer centers. Median age of diagnosis was 64 and median follow up 60 months. A minimally invasive approach was completed for 65% of patients; 35% of patients underwent laparotomy. Adjuvant therapy with EBRT was completed in 21% of patients, brachytherapy in 48% and 31% had no adjuvant therapy. There was no difference in type of radiation between the two groups. In the MIS group 9.2% had any recurrence; 4.3% of these were extrapelvic (p=0.154). In the laparotomy group 4.1% had any recurrence; 1% of these were extrapelvic (p=0.169). Although no observed difference in overall survival, mean progression free survival was 106 months in the MIS group versus 117 months in the laparotomy group (p=0.031). There was a significantly greater risk of extrapelvic relapse with MIS (p=0.019).

**Conclusions**

Conclusion: Among women with intermediate risk endometrial cancer, we observed a higher recurrence rate and risk of extrapelvic recurrence with MIS surgery. This finding is concerning and consistent with other published data.

**OP012/#257**

**MINIMALLY INVASIVE SURGERY IS ASSOCIATED WITH AN INCREASED RISK FOR LOCAL RECURRENCE IN HIGH-GRADE ENDOMETRIAL CARCINOMA**


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**Objectives**

To compare oncological outcomes of women with high-grade endometrial carcinoma (HGEC) who underwent surgery by minimally invasive surgery (MIS) versus laparotomy.

**Methods**

A retrospective cohort study performed in an academic multi-center setting. Consecutive women with HGEC cancer treated at 11 Israeli institutions between 2002 and 2017 were accrued in an assimilated database with a median follow-up of 52 months (range 12–120 months). Women with HGEC were stratified into two groups by route of surgery; MIS vs. laparotomy by an intention to treat. Clinical, pathological and outcome data were compared.

**Results**

Six hundred and seventy-eight women met the inclusion criteria: 160 underwent MIS and 518 laparotomy. The two groups were comparable in demographic and clinical characteristics. Brachytherapy rate was similar in both groups.