
Methods Data were obtained from the Taiwan Cancer Registry of Taiwan Health and Welfare Data Center for women diagnosed with a malignancy of the uterine corpus from 2001 to 2017. Joinpoint regression analysis was used to evaluate and project trends over time.

Results There were 26,827 women in Taiwan Cancer Registry diagnosed with uterine cancer between 2001–2017, including 25.2% with grade (G1-endometrioid endometrial carcinoma (EEC), 36.5% with G2-EEC, 25.2% G3-EEC, 3.5% with uterine serous carcinoma (USC), 3.4% with uterine carcinosarcoma (UCS) and 2.1% with uterine clear cell carcinoma (UCCC). The proportion of women with a high-risk histology defined as G2-EEC, G3-EEC, USC, UCS, or UCCC increased from 51% to 63% when diagnosed at 50–59 or 60–69 years of age, respectively. The average incidence per 100,000 by his-

Conclusions High-risk uterine cancers constitute a substantial portion of the uterine cancers in the Taiwan Cancer Registry, particularly for women in their 60s or older. This exponential rise has important health and welfare implications in Taiwan and the International community.

Objectives To assess predictive factors for sentinel-lymph-nodes (SLNs) involvement and recurrence-free-survival (RFS) in patients with endometrial cancer.

Methods A multicenter retrospective evaluation of endome-

Results 142 patients were identified among 12 participating centers. In 64.8% of cases a low-volume disease (≤ 2 mm) was found in SLNs: 33 (23.2%) ITCs and 59 (41.6%) micrometa-

Conclusions More than half of patients with positive SLNs had low-volume disease. Grading, MI and LVI predicted vol-

Objectives Aim/Introduction: Limited reproducibility and imprecise risk estimation of traditional classification have paved the way for molecular research in endometrial cancer. The study aims to determine the prevalence of Polymerase Epsilon gene (POLE) mutation, P53 mutations, and microsatellite instability (MSI) in endometrial cancer, followed by clini-

Methods Materials and Methods: A retrospective cohort involving 50 consecutive patients of primary endometrial carci-

Objectives To analyze the association between risk factors and the incidence of uterine cancer in Taiwan.

Methods Data were obtained from the Taiwan Cancer Registry and the International community. Particularly for women in their 60s or older. This exponential G1-EEC incidence in the same age group by 2022. 

Methods Diagnosis of macrometastatic SLNs were: high grade [p:0.002], LVI [p:0.007] and MI >50% [p:0.008]. 17 (18.5%) patients with low-volume disease (8 micrometastases and 9 ITCs) did not receive any adjuvant therapy. At a mean follow-up of 34.6 months (range 1–215) months, 21 (14.8%) relapses were recorded, only one among patients not receiving any adjuvant.The RFS at 2-years for the micrometastatic patients was 91%, similar to ITCs patients (79.1%), regardless of adjuvant treatment, but statistically better than patients with macrometastases (72.3%) [p: 0.026].The only factors affecting RFS were deep MI [p:0.03] and cervical stromal invasion [p:0.046].

Conclusions High-risk uterine cancers constitute a substantial portion of the uterine cancers in the Taiwan Cancer Registry, particularly for women in their 60s or older. This exponential rise has important health and welfare implications in Taiwan and the International community.
Results

Results/Conclusions An interim analysis of 29 patients was done. Eight (27.6%) patients had MLH1 mutation, 1 (3.5%) patient had POLE and MLH1 mutation, while 2 (6.9%) had both POLE and P53 mutation. Seven (24.2%) patients were found to have null mutations of P53, while the remaining 11 (37.9%) had no specific molecular profile (NSMP). ESMO-ESGO risk group correlation, recurrences, and deaths are shown in table 1.

Conclusions Implications: Recurrence in low risk groups, behaviour of multiple classifiers, NSMP group and POLE mutated higher risk/stage cancers are areas still under-researched. A larger study exploring the integrated approach will help answer these questions and open novel avenue of research aimed at immunotherapy in endometrial cancer especially in recurrent settings.

Abstract EPV120/#399 Table 1 Baseline characteristics of molecular subgroups

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>MMR HIC abn</th>
<th>POLE mutation</th>
<th>P53 mutation</th>
<th>NSMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>29 (100%)</td>
<td>20 (68.9%)</td>
<td>14 (48.3%)</td>
<td>13 (44.9%)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>60.3 ± 8.3</td>
<td>63 ± 6.3</td>
<td>63.5 ± 8.9</td>
<td>54.5 ± 8.1</td>
</tr>
<tr>
<td>Body Mass Index (kg/m²)</td>
<td>27.4 ± 3.7</td>
<td>26.4 ± 2.7</td>
<td>24.7 ± 3.2</td>
<td>22.8 ± 3.6</td>
</tr>
</tbody>
</table>

|$^{*}$NSMP: No specific molecular profile

$^{**}$Recurrence and death of high risk group

$^{***}$Recurrence and death in low risk group

EPV121/#419 BASELINE CLINICAL OUTCOMES OF Lynch SYNDROME PATIENTS UNDERGOING ANNUAL SURVEILLANCE VERSUS RISK-REDUCING SURGERY IN A PROSPECTIVE COHORT STUDY

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Objectives

To describe baseline characteristics of Lynch syndrome (LS) patients enrolled in a prospective study of annual surveillance versus risk-reducing surgery (RRS) and determine prevalent cases of endometrial intraepithelial neoplasia (EIN), endometrial (EC) and ovarian (OC) cancers.

Methods

A prospective cohort study was implemented in February 2015 for LS patients diagnosed based on a pathogenic variant in mismatch repair genes but unaffected by gynecologic cancer. Baseline investigations included CA-125, ultrasound and endometrial biopsy (EMB); further investigations were performed as warranted. Patients were recommended RRS by age 40 or following child-bearing. All others had annual surveillance and analyzed per treatment received.

Results

Among 82 patients, 41 underwent RRS and 41 annual surveillance. The most frequent mutation was MSH6 (34.1%), 25.9% had a personal history of LS-associated cancer and 97.5% had a family history, most commonly being colorectal (74.4%). Patients in the RRS group had a higher median age at LS diagnosis (47 vs 32 years, p < 0.001) and entry into LS screening program (47 vs 33 years, p < 0.001). At baseline, median CA-125 was 10 in both groups (p = 0.65). The baseline EMB rate was 85% (n = 70) with an abnormality rate of 4.88% (two EIN in surveillance group and one EC in RRS group). Seventy-nine individuals underwent baseline ultrasound and no OCs were detected. In patients undergoing RRS, the median time from initial visit to surgery was 6.1 months (range 1.1–20.7); 3 additional EINs were diagnosed on final pathology.

Conclusions

In LS patients followed in a surveillance program, the prevalent rate of EIN/EC is 5–10%, mostly in the RRS group. RRS within the recommended time prevents diagnosis of significant pathology.

EPV122/#421 ISOLATED LYMPHATIC RECURRENCE IN ENDOMETRIAL CANCER: A RETROSPECTIVE STUDY

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Objectives

We investigated factors associated with cause-specific survival (CSS) after isolated lymphatic recurrence (ILR) in endometrial cancer (EC).

Methods

We identified patients who developed ILR among 4,216 EC patients surgically treated at the Mayo Clinic between 1984 and 2017. ILR was defined as the first and unique evidence of recurrence in lymph node-bearing areas (with or without (±) vaginal recurrence). Univariate and multivariable Cox regression analysis was used to evaluate factors associated with CSS after ILR.

Results

We observed 70 cases of ILR: 12 pelvic, 15 paraaortic, 14 pelvic and paraaortic, and 29 distant (± pelvic and/or paraaortic). Most women (90.0%) underwent pelvic and/or paraaortic lymphadenectomy during primary surgery, and 68.3% had positive nodes. Among 70 patients, 50 died of disease with median survival after ILR of 4.7 years. Patients who did not die of EC had a median follow-up after ILR of 3.8 years. Patients who died of disease (± pelvic and/or concomitant recurrence in the pelvic and paraaortic lymph node basins or at the vaginal cuff were independent of significant pathology.