Abstract 2022-RA-648-ESGO Figure 1

Conclusion im4MEC shows promising performance for H&E-based molecular classification of high-risk EC patients, correlating with distinct clinical outcome. im4MEC robustly identifies known and novel morpho-molecular correlates which enable prognostic refinement. This work provides novel indicators for an improved risk stratification system integrating molecular and morphological data.

Abstract 2022-RA-651-ESGO

Introduction/Background This study was aimed to compare the oncologic outcomes of patients with non-endometrioid endometrial cancer who underwent minimally invasive surgery with the outcomes of patients who underwent open surgery.

Methodology This is a retrospective, multi-institutional study of patients with non-endometrioid endometrial cancer who were surgically staged by either minimally invasive surgery or open surgery. Oncologic outcomes of the patients were compared according to surgical approach.

Results 113 patients met the inclusion and exclusion criteria. 57 underwent minimally invasive surgery and 56 underwent open surgery. Patients who underwent minimally invasive surgery had smaller tumors (median size, 3.3 vs. 5.2 cm, p = 0.045). In the overall population, the numbers and rate of recurrence were significantly higher in the open surgery group (p = 0.016). In multivariate analysis, disease stage and tumor size were associated with DFS in contrast to surgical procedure.

Conclusion Minimally invasive surgery showed similar survival outcomes when compared to open surgery in non-endometrioid endometrial cancer patients, irrespective of disease stage. When minimally invasive surgery is managed by expert surgeons, non-endometrioid histological subtypes should not be considered a contraindication for minimally invasive surgery.