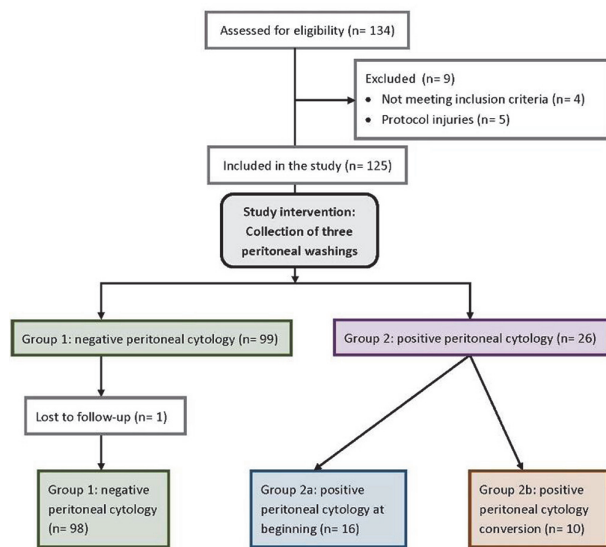


sixteen patients presented with positive cytology at the beginning of the surgery (group 2a) and ten patients had positive cytology conversion during the procedure (group 2b). Group 1 showed the best recurrence-free survival, followed by group 2a, patients in group 2b had the worst oncological outcomes (log-rank, $P = .002$). In multivariable Cox regression analysis including myometrial invasion, FIGO stage, and nodal status, peritoneal cytology remained an independent predictor of both recurrence (HR 4.15, 95% CI 1.501 – 11.482, $P = .006$) and death (HR 2.92, 95% CI 1.218- 6.980, $P = .016$).



Abstract 2022-RA-886-ESGO Figure 1

Conclusion 8.1% of endometrial cancer patients undergoing minimally invasive surgery with intrauterine manipulation showed positive peritoneal cytology conversion associated with significantly worse oncological outcome.

2022-RA-888-ESGO

ROLE OF PREOPERATIVE DETERMINATION OF MOLECULAR CLASSIFICATION ON ENDOMETRIAL BIOPSY IN PREOPERATIVE ALLOCATION INTO A RISK CATEGORY IN ENDOMETRIAL CANCER

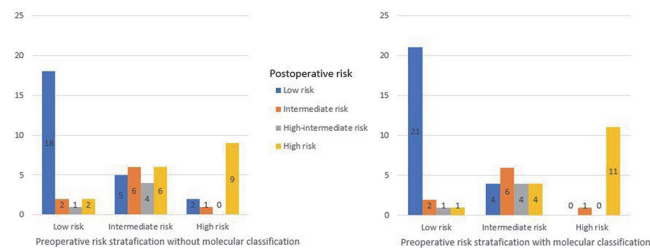
¹Laura Cárdenas Puiggrós, ¹Pedro Alberto Corzo Orantos, ¹Anna Taltavull Pons, ¹Isabel Núñez Márquez, Rocio García Berrio²Cristina Meléndez Muñoz, ³Pilar Barretina Ginesta, ⁴Hugo Javier Rosales González, ¹Eduard Sala Hernández, ¹Elena Álvarez Castaño. ¹Gynaecological Oncology Unit, Dr. Josep Trueta University Hospital, Girona, Spain; ²Pathology Department, Dr. Josep Trueta University Hospital, Girona, Spain; ³Medical Oncology, Catalan Institute of Oncology, Girona, Spain; ⁴Radiation Oncology, Catalan Institute of Oncology, Girona, Spain

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Introduction/Background Traditional risk classification in endometrial cancer was based on clinicopathological data. Preoperative assessment is used to tailor the extend of surgery. The TCGA surrogate has been recently incorporated into risk stratification by ESGO-ESTRO-ESP guidelines. The aim of this study is to evaluate if preoperative determination of molecular classification is feasible and can improve preoperative estimation of risk group.

Methodology In this retrospective cohort study, we identified all newly clinical early-stage endometrial cancer cases operated between January 2021 and April 2022. All cases had preoperative MRI and endometrial biopsy where molecular classification was done. Patients were allocated to a risk group based on 2021 ESGO-ESTRO-ESP guidelines by three Methods using only preoperative clinicopathological data, using preoperative molecular and clinicopathological data, using postoperative molecular and clinicopathological data.

Results 55 cases were included. In all cases molecular classification was done preoperative while the patient was in waiting list. In figure 1, concordance between preoperative and postoperative assessment is shown.



Abstract 2022-RA-888-ESGO Figure 1 Relation between preoperative and postoperative risk assessment

When molecular classification is only taken account postoperatively, the Cohen's kappa coefficient for the concordance is 0.37 (95% CI= 0.20–0.54) and risk was underestimated in 16/55 (29.1%) and overestimated in 8/55 (14.5%). If molecular classification is added to preoperative assessment, the Cohen's kappa coefficient is 0.54 (95% CI= 0.38–0.70) and risk was underestimated in 12/55 (21.9%) and overestimated in 5/55 (10.0%). Overall agreement between preoperative and postoperative assessment for histotype was 89.1%, for grade was 74.5%, and between radiologic and definitive stage was 74.5%.

Conclusion Preoperative determination of molecular classification is feasible and seems to increase the reliability of preoperative risk stratification. However, in around 22% of cases risk is still underestimated leading to inadequate surgery strategy. Sentinel lymph node biopsy can elegantly overcome this problem by providing information on the lymph node status with minimal morbidity and its implementation should be encouraged.

2022-RA-904-ESGO

VAGINAL CUFF BRACHYTHERAPY IN INTERMEDIATE AND INTERMEDIATE HIGH RISK ENDOMETRIAL CANCERS AFTER HYSTERECTOMY: CLINICAL OUTCOMES

¹Abel Cordoba, ¹Alexandre Escande, ¹Cyrielle Scourneac, ²Fabrice Narducci, ²Carlos Martinez, ²Eric Leblanc, ²Delphine Hudry, ³Camille Pasquesoone, ⁴Sophie Taieb, ¹Xavier Mirabel, ¹Eric Lartigau, ¹Florence Le Tinier. ¹Academic Department of Radiation Oncology and Brachytherapy, Centre Oscar Lambret, Lille, France; ²Department of Surgical Oncology, Centre Oscar Lambret, Lille, France; ³Department of pathology, Centre Oscar Lambret, Lille, France; ⁴Department of Medical Imaging, Centre Oscar Lambret, Lille, France

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Introduction/Background Vaginal cuff brachytherapy is the recommended adjuvant treatment for patients operated on for endometrial cancer classified as intermediate risk for