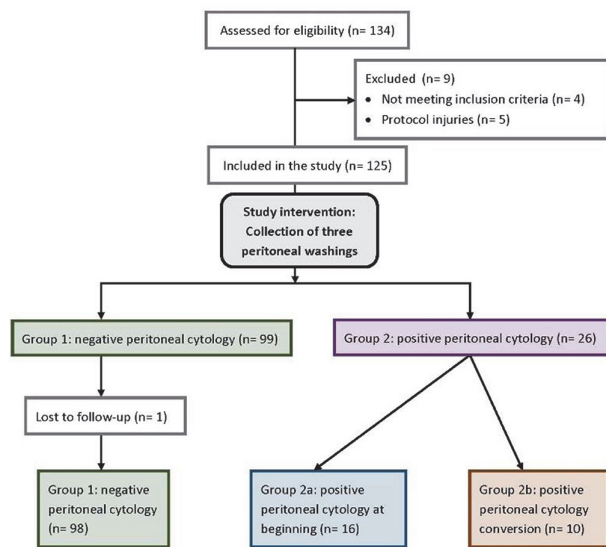


sixteen patients presented with positive cytology at the beginning of the surgery (group 2a) and ten patients had positive cytology conversion during the procedure (group 2b). Group 1 showed the best recurrence-free survival, followed by group 2a, patients in group 2b had the worst oncological outcomes (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

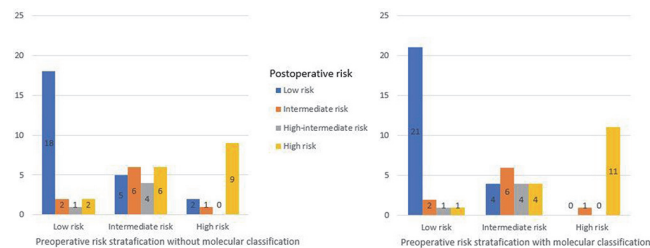
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**Introduction/Background** Traditional risk classification in endometrial cancer was based on clinicopathological data. Preoperative assessment is used to tailor the extend of surgery. The TCGA surrogate has been recently incorporated into risk stratification 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 hystotype 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

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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

recurrence. We evaluated the results of high-dose-rate brachytherapy after radical surgery.

**Methodology** This was a retrospective study of all patients treated consecutively at Oscar Lambret center between 2012 and 2015 by hysterectomy and adjuvant cuff vaginal brachytherapy. Four fractions of 6.2Gy each to superior third of vaginal and 5 millimetres deep were prescribed. We analysed local (vaginal) control, overall survival, recurrence-free survival, and acute and late toxicities. Local control was assessed by taking into account the cumulative incidence of local recurrence estimated by the competitive risk method. Survival analyses were performed using the Kaplan-Meier method.

**Results** We included 250 patients; 208 were considered to be at high intermediate risk of recurrence postoperatively. After a median follow-up of 56 months, the cumulative incidence of local recurrence was 4.8% at 3 years (95% CI: 2.8–8.3) and 6.8% at 5 years (95% CI: 4.8–12.6). The 5-year overall survival was 86.2% (95% CI: 80.6–90.3) and the 5-year recurrence-free survival was 77.5% (95% CI: 71.1–82.7). Acute toxicities are occurred in 20 patients (8%), of whom 2 patients had grade  $\geq 3$  toxicities. One patient (0.4%) had late toxicity of grade  $\geq 3$ .

**Conclusion** Our results show a local recurrence rate that is 3% to 4% higher than that found in the literature, largely explained by the different selection of our patients. The overall survival remains similar to published data, suggesting the effectiveness of salvage treatments and the low impact of local recurrence on survival. The integration of molecular data with current clinical and pathological risk factors should allow a more accurate selection of patients who will benefit from adjuvant therapy.

2022-VA-907-ESGO

#### LAPAROSCOPIC LATERALLY EXTENDED ENDOPELVIC RESECTION AND EXCISION OF ISOLATED CELIAC TRUNK LYMPH NODE IN RECURRENT LOW-RISK ENDOMETRIAL CANCER

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#### Introduction/Background

**Background** Early stage (FIGO I) endometrial cancer is associated with a 10% risk of lymph node involvement. However, staging lymphadenectomy is reserved only for high-risk patients according to ESGO/ESTRO/ESP guidelines.

**Methodology** The study design is a narrated video presentation. We describe a case of a 54-year-old patient with a recurrence of low-risk endometrial cancer (endometrioid, Stage 1A, Grade 1) to the right external iliac lymph nodes and to an isolated celiac trunk lymph node 18 months after initial treatment that was treated by laparoscopy.

**Results** The patient was subjected to laparoscopic lateral extended endopelvic resection (LEER) for recurrent low-risk endometrial cancer that was fixed to the right lateral pelvic side wall. The recurrence in a lymph node at the celiac trunk was, also, excised. A macroscopically tumor free excision was achieved. No intraoperative complications occurred.

**Conclusions** Laparoscopic LEER is feasible, safe, and efficient to achieve complete excision of tumors that are fixed at the

lateral pelvic side-wall for selected groups of patients. Safe performance requires deep knowledge of pelvic anatomy and a high level of experience. Further large high-quality studies are needed to estimate the long-term oncologic outcome of this approach.

2022-RA-922-ESGO

#### HISTO-MOLECULAR CHARACTERISTICS OF PLATINUM-SENSITIVE ADVANCED ENDOMETRIAL CANCER: DATA ISSUED FROM THE POPULATION INCLUDED IN THE GINECO UTOLA STUDY

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**Introduction/Background** Few data are available of response to chemotherapy in advanced EC (endometrial cancer) patients according to molecular subtypes. Here we present the baseline histo-molecular profile of the platinum-sensitive advanced EC included in the Utola multicenter, randomized phase 2 trial evaluating the efficacy of olaparib as maintenance therapy.

**Methodology** 147 patients with objective response (OR) or stable disease (SD) after first line platinum chemotherapy were included. IHC (P53 and MMR) and NGS molecular status (including POLE, BRCA1/2 mutations, MSI sensor and genomic instability score [G-scar]) were obtained from archived tumor tissue. ESGO molecular subgroups were defined: POLE-mutated, MMR-deficient (MMRd, based on IHC and/or MSI genetic status, without POLE mutation), TP53-mutated based on IHC (without MMRd or POLE mutation) and NSMP (non-specific molecular profile, without MMRd, POLE-mutation nor TP53 mutation).

**Results** Among 130 evaluable patients, mean age was 69.5 y, 46% were metastatic at the outset, 76% received 6 cycles of platinum chemotherapy. 19% of patients had serous and 75% endometrioid carcinoma (with 32% high grade). 14% were MMRd, 53% TP53-mutated, 33% NSMP and 1 tumor POLE-mutated. NGS for TP53 and MSI status was concordant with IHC in 92% and 99% respectively. Three pathogenic BRCA1/2 mutations were observed in 1 TP53 and 2 MMRd tumors. TP53 tumors had higher GScar mean score ( $p < 0.01$ ). After CT, 68% of the patients had an OR (28% CR), 25% SD and 7% NED. Complete response was different according to