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 ≥3 toxicities. One patient (0.4%) had late toxicity of grade ≥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.

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**Abstracts**

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


**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.

**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.

**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.
molecular subgroups: 75%, 11% and 11% of respectively TP53-mutated, MMRd and NSMP tumors and for the single POLE-mutated tumor.

**Conclusion** More half of UTOLA tumors are associated with poor prognosis molecular profiles. A high concordance of NGS MSI/P53 and IHC was observed. High platine sensitivity and genomic instability observed in TP53 mutated tumors reinforces the rational to evaluate olaparib in this population.

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**DEVELOPMENT OF ADJUVANT TREATMENT DECISION SUPPORT TOOL FORENDOMETRIAL CANCER PATIENTS BY POOLED ANALYSIS OF DATA FROM 2000 WOMEN INCLUDED IN THE PORTEC-1–3 TRIALS AND A PROSPECTIVE COHORT STUDY**

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**Introduction/Background** In 2021, the ESGO-ESTRO-ESP endometrial cancer (EC) guideline was updated and the molecular classification was added to the clinicopathological prognostic factors to classify women with EC in risk groups. The risk stratification is based on consensus of a multitude of studies investigating a variety of EC subgroups. To date, no single study has evaluated all prognostic factors across the complete spectrum of EC. Therefore, we are developing an evidence-based prognostic and therapeutic framework for stage I-III EC that will facilitate risk stratification and support decisions on adjuvant treatment.

**Methodology** Data from the PORTEC-1/-2/-3 randomised trials (n=714/427/660) and a prospective clinical cohort from Medisch Spectrum Twente (n=270) were pooled for analysis. Competing-risk models for vaginal-, pelvic-, distant-, and overall recurrence and EC-specific survival and a multivariable Cox proportional hazards model for overall survival are being developed. Candidate risk factors are: age, stage, histotype, grade, lymph-vascular space invasion (LVSI), myometrial invasion, molecular classification, L1CAM, CTNNB1, ER status and adjuvant treatment. With these models, absolute risks can be estimated for women with any combination of risk factors by type of adjuvant therapy.

**Results** In total, 2071 women with EC with a median follow-up of 10.0 years (interquartile range 6.9–12.4 years) are available for analyses. An overview of patient and tumour characteristics is presented in table 1. The preliminary results of a first version of a prediction model on overall recurrence confirm the prognostic relevance of the established clinicopathological risk factors and the EC molecular class (table 2).