

Abstract 2022-RA-999-ESGO Table 1 Patient characteristics by molecular class

Characteristics	Molecular class				Total N (%)	p-value
	POLEmut N (%)	MMRd N (%)	p53abn N (%)	NSMP N (%)		
No. of patients	5 (3.2)	21 (13.4)	92 (58.6)	39 (24.8)	157 (100)	
Age - median (range)	66 (56-78)	65 (45-80)	70 (33-86)	65 (40-85)	67 (33-86)	0.046 ^a
WHO status ¹						
0-1	4 (80.0)	15 (71.4)	68 (73.9)	33 (84.6)	120 (73.4)	0.27 ^a
>1	0 (0.0)	3 (14.3)	2 (2.2)	2 (5.1)	7 (4.4)	
Definition of stage IV						
Bladder invasion	1 (20.0)	2 (9.5)	0 (0.0)	1 (2.6)	4 (2.5)	0.14 ^a
Bowel invasion	1 (20.0)	3 (14.3)	5 (5.4)	2 (5.1)	11 (7.0)	
Pelvic peritoneal metastasis	1 (20.0)	2 (9.5)	5 (5.4)	5 (12.8)	13 (8.3)	
Intra-abdominal peritoneal metastasis	2 (40.0)	10 (47.6)	56 (60.9)	25 (64.1)	93 (59.2)	
Liver metastasis	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	1 (0.6)	
Pulmonary metastasis	0 (0.0)	2 (9.5)	9 (9.8)	3 (7.7)	14 (8.9)	
Bone metastasis	0 (0.0)	0 (0.0)	1 (1.1)	2 (5.1)	3 (1.9)	
Supraclavicular lymph node metastasis	0 (0.0)	1 (4.8)	2 (2.2)	0 (0.0)	3 (1.9)	
Histotype and grade ²						
Endometrioid grade 1-2	0 (0.0)	9 (42.9)	7 (7.6)	15 (38.5)	31 (19.7)	<0.0001 ^b
Endometrioid grade 3	4 (80.0)	10 (47.6)	10 (10.9)	9 (23.1)	33 (21.0)	
Serous	1 (20.0)	0 (0.0)	57 (62.0)	2 (5.1)	60 (38.2)	
Clear cell	0 (0.0)	2 (9.5)	6 (6.5)	11 (28.2)	19 (12.1)	
Undifferentiated	0 (0.0)	0 (0.0)	3 (3.3)	1 (2.6)	4 (2.5)	
Carcinosarcoma	0 (0.0)	0 (0.0)	7 (7.6)	1 (2.6)	8 (5.1)	
ER expression (>10%)	2 (40.0)	17 (81.0)	36 (39.1)	21 (53.8)	76 (48.4)	0.003 ^b
Cytoreductive surgery						
Complete	5 (100.0)	16 (76.2)	52 (56.5)	21 (53.8)	94 (59.9)	0.018 ^b
Optimal (<1 cm residual)	0 (0.0)	0 (0.0)	17 (18.5)	13 (33.3)	30 (19.1)	
Incomplete (>1 cm residual)	0 (0.0)	5 (23.8)	23 (25.0)	5 (12.8)	33 (21.0)	
Other therapies ³						
None	0 (0.0)	4 (19.0)	16 (17.4)	10 (25.6)	31 (19.7)	0.61 ^a
Neo-adj chemotherapy	0 (0.0)	0 (0.0)	2 (2.2)	1 (2.6)	3 (1.9)	
Neo-adj and adj chemotherapy	0 (0.0)	3 (14.3)	16 (17.4)	2 (5.1)	21 (13.4)	
Adj chemotherapy and/or radiotherapy	3 (60.0)	6 (28.6)	32 (34.7)	18 (46.2)	59 (37.5)	

1) In 30 patients the WHO performance status was unknown

2) In 2 patients the histotype could not be assessed

3) In 43 patients no information on therapies other than surgery was available

a) Kruskal-Wallis test p-value

b) Fisher-Freeman-Halton test p-value

Conclusion Molecular classification of stage IV EC patients revealed a different distribution compared to earlier stages EC. Novel and intriguing is that molecular classification does not seem to influence surgical outcome and prognosis.

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REVIEW OF ADHERENCE TO NICE GUIDANCE ON LYNCH SYNDROME TESTING FOR PATIENTS DIAGNOSED WITH ENDOMETRIAL CANCER IN BHSCT

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Introduction/Background Lynch syndrome is an inherited condition increasing the likelihood of developing certain cancers. Routine testing for patients diagnosed with colorectal cancers has been recommended by NICE guidance since February 2017 and in October 2020 this guidance was updated to recommend testing for patients diagnosed with endometrial cancer.

Methodology A retrospective analysis of patients diagnosed with endometrial cancer between January 2020 and November 2021 reviewed adherence to the new guidelines and identify patients missed for follow up. We analysed histopathology and medical records for all patients with a new diagnosis in this period and collected data on patient demographics, immunohistochemistry (IHC) and pathological diagnosis.

Results 113 patients were diagnosed with endometrial cancer, 48 before and 65 after the update. In total 19 were diagnosed with mismatch repair (MMR) abnormalities on immunohistochemistry and 7 referred on for Germline testing. Pre-update, 6 of the 48 patients (12.5%) did not have MMR testing following diagnosis and 40% of patients with MMR abnormality

went on to have Germline testing. Post-update, only 1 of the 65 patients (1.5%) were not tested for MMR abnormalities, with 30% of patients with MMR abnormalities undergoing Germline testing.

Conclusion There was a clear improvement in performance of MMR testing after updated guidance but 100% was not reached. A letter was sent to the responsible pathologist for reflex testing of all endometrial cancer patients with MMR IHC abnormalities, preferably at diagnostic biopsy. For those patients with MMR deficiency on IHC who have not been referred for Germline testing for Lynch syndrome; a notification has been sent to the responsible gynaecologist. It was also noted that family history was not included on all histopathology request forms. As this this is a significant factor risk stratification for Lynch syndrome, we would recommend this being included on requests for any endometrial samples.

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THE IMPACT OF CYTOREDUCTIVE SURGERY IN FIGO IV AND RECURRENT ENDOMETRIAL CANCER

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Introduction/Background The aim of the study was to assess the oncological outcomes of cytoreductive surgery in FIGO IV and recurrent endometrial cancer.

Methodology This is a retrospective, observational, single-center cohort study including patients with endometrial cancer FIGO IV stage disease undergoing primary cytoreductive surgery and recurrent endometrial cancer treated with secondary cytoreductive surgery between January 1999 and April 2022.

Results 115 patients were included in the present study. In the 53 patients with primary FIGO IV disease complete macroscopic resection was achieved in 42/53 (79.2%) cases. Median OS in these patients was 35 months and median PFS was 15 months. Sixty-two patients had cytoreductive surgery for relapsed endometrial cancer and complete macroscopic resection was achieved in 82.2%. Median OS in this population was 28 months and median PFS was 8.2 months. Patients with complete macroscopic resection showed longer progression-free survival (PFS) and overall survival (OS) compared to those with residual disease (PFS: 15.1 vs 12.9 months; p=0,189; OS: 32.4 vs 17 months; p=0,130). Median OS was 44.6 months (95 % CI 24,6- 64,6 months) in endometrioid subtype (72/115 pts) and 27.4 months (95 %CI 7.2–47.6 months) in other histotypes (p=0.114). Major complications (>Clavien Dindo IIIB) were noted in 10/115 pts (8.7%), mortality rate was 0.9%.

Conclusion Complete macroscopic resection is feasible in selected patients with FIGO IV and relapsed endometrial cancer with an acceptable morbidity, and seemed to be related to superior outcome. However, its impact on prognosis should be further evaluated.