Abstract 2022-VA-1045-ESGO Table 1 Patient charecteristics

	Patients (n= 22)
Age (years)	67 (50-82)
BMI (kg/m2)	27(19,15-42)
Parity	21 (95,5%)
FIGO 2009 stage perioperative MRI	IA: 15 (68%)
	IB: 7 (32%)
Stage postoperative	IA: 12 (54%)
	IB: 4 (18%)
	IIIC1: 4 (18%)
	IIIC2: 2 (9%)
Preoperative histology	Endometroid: 18 (81%)
	Clear cell: 1 (4,5%)
	Serous papillary: 3 (13,5%)

Conclusion The current evidence for SLN mapping versus LND was reviewed. (4, 5, 6, 7). Regardless of the surgical approach, SLN reduces blood loss during surgery. Further studies on operative time and complications are needed for further analysis. SLN mapping is more targeted for fewer lymph node dissections and more positive lymph node detection, even in high-risk patients. The utility of SLN does not imply adverse survival in EC patients.

2022-RA-1047-ESGO SURGICAL RESTAGING OF EARLY-STAGE ENDOMETRIAL CANCER PATIENTS WITH LYMPHOVASCULAR INVASION DOES NOT SIGNIFICANTLY IMPACT THEIR SURVIVAL OUTCOMES

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Introduction/Background Lymphovascular space invasion (LVSI) is considered to be a poor prognostic factor in endometrial cancer. However, management of patients with early-stage endometrial cancer with positive LVSI remains controversial. Main objective of the present study is to investigate whether surgical restaging of such patients has a significant effect on survival outcomes or may be otherwise omitted.

Methodology A retrospective cohort study was conducted in Gynaecologic Oncology Unit, Insitut Bergonie, Bordeaux, France regarding the period 2003–2019. We included patients with definitive histopathological diagnosis of early-stage, grade 1–2 endometrial cancer with positive LVSI. Patients were divided into two groups, those being restaged with pelvic and para-aortic lymphadenectomy (group 1) and those not restaged and receiving complementary therapy (group 2). Primary outcomes of the study were overall survival and progression-free survival. Epidemiological data, clinical and histopathological characteristics as well as complementary treatment received were also studied. Kaplan-Meier and cox regression analysis were performed for the scope of this study.

Results There were overall 30 patients retrieved, of which restagging with lymphadenectomy was performed in 21 patients (group 1), while another 9 patients (group 2) were not restaged and received complementary therapy. Positive lymph node was observed in 23.8% of patients of group 1 (n=5). No significant difference was observed between groups 1 and 2 in terms of survival outcomes. Median OS in group 1 was 91.31 and 90.61 in group 2 (HR:0.71, 95% CI: 0.03–16.58, p=0.829). Median DFS was 87.95 and 81.52 respectively for two groups (HR:0.85, 95% CI:0.12–5.91, p=0.869)

Conclusion Restaging with lymphadenectomy does not alter prognosis of early-stage, LVSI positive patients.

2022-RA-1052-ESGO LOW-RISK ENDOMETRIAL CANCER AND NO ADJUVANT TREATMENT: DO ISOLATED TUMOR CELLS (ITC) HAVE AN EFFECT ON RECURRENCE? AN INTERNATIONAL MULTI-INSTITUTIONAL COMPARATIVE STUDY BETWEEN ITC AND NODE-NEGATIVE IN SENTINEL LYMPH NODE BIOPSY

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Introduction/Background The prognostic value of isolated tumor cells (ITC) (≤0.2 mm) in sentinel lymph nodes (SLN) of patients with endometrial cancer (EC) is still unclear. This study compared the recurrence-free survival (RFS) of low-risk EC patients who received no adjuvant therapy, who underwent a SLN biopsy and were node-negative vs. those who had ITC.

Methodology Patients with SLN-ITC, between 2012 and 2019, were identified from 21 centers worldwide, while SLN-node-negative patients were identified from Mayo Clinic, Rochester, between 2013 and 2018 and served as a comparing group. Only patients with stage IA endometrioid histology, and low-risk profile (grade 1 or 2 endometroid and myometrial infiltration <50%) who did not receive adjuvant therapy were included. The primary outcome was non-vaginal recurrence (peritoneal, hematogenous, and lymphatic).

Results A total of 494 patients (42 ITC and 452 node-negative) were included. There were 15 recurrences and the overall median follow-up for patients without recurrence was 2.2 (IQR 1.1–3.0) years for the ITC group and 2.6 (IQR 0.6–4.2) years for the node-negative group. The presence of SLN-ITC

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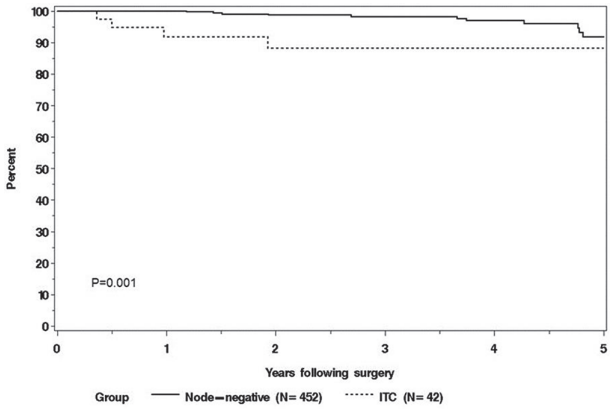
(HR, 5.66; 95% CI, 1.76–18.23), LVSI (HR, 10.66 95% CI, 2.27–50.04) and grade 2 (HR, 3.16; 95% CI, 1.14–8.75) were significant risk factors for non-vaginal recurrence at univariate analysis. Non-vaginal RFS was significantly poorer for the ITC group (vs. node-negative) [p=0.001, figure 1, 4-year RFS: 88.2% (95% CI, 77.8–100) vs 96.9% (95% CI, 94.5–99.3)]. Furthermore, among those without LVSI (N=480), the presence of SLN-ITC (adjusted HR, 4.47; 95% CI, 1.21–16.60) was significantly associated with non-vaginal recurrence after adjusting for grade.



Abstract 2022-RA-1052-ESGO Figure 1 Non-vaginal recurrence-free survival among patients with low-risk factors who received no adjuvant therapy, according to nodal status

Conclusion Patients with SLN-ITC and a low-risk profile who received no adjuvant therapy had a worse prognosis than node-negative patients with similar risk factors after considering grade and LVSI. Longer follow-up is needed to confirm this finding.

2022-RA-1053-ESGO CASES OF BARIATRIC SURGERY IN KOREAN WOMEN WITH ENDOMETRIAL CANCER; PRELIMINARY RESULTS

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Introduction/Background The incidence of endometrial cancer in Korea is steadily increasing. Excess body weight is a well-known risk factor for recurrence in endometrial cancer. The effectiveness of bariatric surgery in obese patients is well known. The oncologic outcome of bariatric surgery in endometrial cancer patients is unknown. Here we present the cases of bariatric surgery in Korean women with endometrial cancer.

Methodology We searched the patients who underwent bariatric surgery and were diagnosed with endometrial cancer. The patient demographics, surgical treatment, and postoperative outcomes were reviewed.

Results Four patients underwent bariatric surgery after a diagnosis of endometrial cancer. Mean age at operation was 38 [27–47, year old], and mean BMI was 36.3 [32.4 38.9]. All patients had been diagnosed with diabetes and 2 had hypertension. Laparoscopic sleeve gastrectomy was performed on all the patients and there were no leakage, bleeding, obstruction, and reoperation within 30 days. Mean operation time was 84 [70–95. min] with 5 – 6 staples and blood loss was minimal (<10 ml). Preoperative and postoperative weight was 91 vs. 70 kg and HbA1c was 8.3 and 5.4 g/dl, respectively.

Conclusion Because of obesity, there are increasing numbers of endometrial cancer in Korean women. Various bariatric surgeries can be performed in high BMI patients and the effects of these surgeries are high. We can expect weight loss and bariatric surgery to decrease the risk of oncologic outcomes also.

2022-RA-1073-ESGO LOCAL EXPRESSION OF INSULIN-LIKE GROWTH FACTOR 1 (IGF1)-RELATED COMPONENTS MIGHT INFLUENCE THE PROGNOSIS OF ENDOMETRIOID ENDOMETRIAL CANCER (EEC)

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Introduction/Background To investigate the expression of IGF1, IGFBP1, PTEN, and SGK2 in endometrium tissue among EEC patients and correlate with the clinicopathological characteristics and the prognosis.

Methodology A total of 121 participants were recruited from 2014 to 2020 in Universiti Kebangsaan Malaysia Medical Centre (UKKMC), including the EEC (n=96) and control (n=25) cases. The protein expression of IGF1, IGFBP1, PTEN, and SGK2 in endometrium samples were analyzed using the immunohistochemistry (IHC) staining technique on the tissue microarray (TMA) blocks.

Results The expression of IGF1, IGFBP1, PTEN and SGK2 were significantly different between both groups, EEC vs control (P<0.05). Several clinicopathological characteristics are significantly associated with respective biomarkers (P<0.05). High IGF1 and SGK2 expressions significantly decreased the progression-free survival (PFS) and overall survival (OS) in EEC patients with advanced-stage (stage II, III and IV) and grades 2&3 (P<0.05). While, negative expression of PTEN and IGFBP1 were significantly associated with a poor prognosis (P<0.05) in EEC patients with advanced-stage and grade. Multivariable Cox regression analysis revealed that the advanced stage of EEC was the only factor independently associated with a shorter PFS and OS among EEC patients (P<0.05). There was no significant association with survival trends between the investigated biomarkers, even though there was a tendency to predict shorter survival in cases with higher IGF1 and negative PTEN expression.

Conclusion The expression modifications in the IGF1, IGFBP1, PTEN, and SGK2 influence EEC development. IGF1 and PTEN expression might be affecting the shorter PFS and OS among the advanced stage EEC.

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