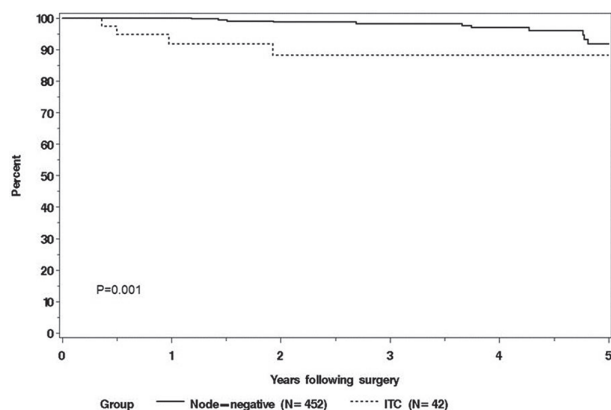


(HR, 5.66; 95% CI, 1.76–18.23), LVSI (HR, 10.66 95% CI, 2.27–50.04) and grade 2 (HR, 3.16; 95% CI, 1.14–8.75) were significant risk factors for non-vaginal recurrence at univariate analysis. Non-vaginal RFS was significantly poorer for the ITC group (vs. node-negative) [p=0.001, figure 1, 4-year RFS: 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

¹Hagyeong Jo, ²Ji Min Seo, ²Keun Ho Lee, ³Sang Hyun Cho. ¹Obstetrics and Gynecology, Yeouido St. Mary's Hospital, Seoul, Korea, Republic of; ²Obstetrics and Gynecology, The Catholic University of Korea Seoul St. Mary's Hospital, Seoul, Korea, Republic of; ³Department of Obstetrics and Gynecology, The Catholic University of Korea Seoul St. Mary's Hospital, Seoul, Korea, Republic of

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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)

Mohamad Nasir Shafiee. UKM, CHERAS, Malaysia

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Introduction/Background To investigate the expression of IGF1, IGF1BP1, 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, IGF1BP1, 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, IGF1BP1, 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 IGF1BP1 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, IGF1BP1, PTEN, and SGK2 influence EEC development. IGF1 and PTEN expression might be affecting the shorter PFS and OS among the advanced stage EEC.