Introduction/Background Clinical practice guidelines (CPGs) are commonly structured as manuals, where best practices are described as free text. Since most oncological CPGs have an extensive care pathway, keeping these CPGs unambiguous and up-to-date is complex. We propose an innovative approach that allows guideline developers to take action and consider updates when scientific developments of CPGs (represented by the National Comprehensive Cancer Network, NCCN) or notable trends in clinical practice (represented by the Netherlands Cancer Registry, NCR) are identified.

Methodology
First, the Dutch national and NCCN endometrial cancer CPGs were translated into clinical decision trees (CDTs). Then, we requested an endometrial cancer dataset from the NCR and mapped it onto the CDTs. Thereafter, we designed an information standard by applying FAIR principles. Finally, analysis and comparison functionalities were made available in a prototype dashboard. Predetermined thresholds were implemented that raise a notification to the guideline developers when numbers are outside expected range.

Results
Both CPGs were successfully translated into CDTs. This yielded 10 and 15 CDTs, 58 and 72 data-items (patient and disease characteristics), 57 and 97 subpopulations, and 61 and 138 recommendations for the Dutch and NCCN CPG, respectively. Also, the NCR dataset was successfully mapped onto 5 CDTs from the Dutch CPG. The data were projected onto the CDTs. We identified adherence levels for all subpopulations and alternative treatments for non-adherent cases.

Conclusion
Applying our method in a dashboard identified ambiguous, redundant, and incomplete sections of the Dutch CPG for endometrial cancer and raised notifications for relevant observations. This data-driven approach could serve as automated surveillance to determine best clinical practice for patient (sub)populations and accelerate the creation of living recommendations. Moreover, this approach is suitable for applications in other diseases and settings.

2022-RA-1096-ESGO
E-CADHERIN AND N-CADHERIN EXPRESSION IN THE ENDOCERVIX AS A PREDICTIVE FACTOR IN PATIENTS WITH ENDOMETRIAL CANCER

Introduction/Background
Endometrial cancer is the most common malignant gynecologic tumor in developed countries. Over the past few years, there has been an increase in the value of the mortality rate. Unfortunately, we still do not have a certain, non-invasive diagnostic method that could identify the early stages of the disease. The selection of proteins assessed in the study was made on the basis of the epithelial to mesenchymal transition (EMT) phenomenon in neoplasms. E-cadherin is an epithelial glycoprotein responsible for the formation and maintenance of a normal tissue structure, responsible for maintaining coherence between epithelial cells. The mesenchymal protein N-cadherin, which is involved in cell proliferation, their survival and morphological transformation. The aim of the study was to evaluate the expression of E-cadherin and N-cadherin in the