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 applied to estimate the real benefit of these treatment recommendations. Moreover, this approach is suitable for applications in other diseases and settings.

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.

Introduction/Background The purpose of this study was to evaluate the efficacy of docetaxel/cisplatin chemotherapy followed by pelvic radiation therapy after staging surgery in high-risk endometrial cancer patients.

Methodology This was a prospective, phase 2, multicenter clinical trial (Clinical trial identifier: NCT01461746). Eligible patients included surgically staged stage I-II endometrial cancer with high-risk factors and stage III-IV endometrial cancer. Three cycles of chemotherapy consisting of docetaxel (70 mg/m²) and cisplatin (60 mg/m²) was started within 5 weeks after staging surgery. Pelvic radiation therapy (45–50.4 Gy) was started within 4 weeks after chemotherapy. The primary endpoint was progression-free survival (PFS).

Results A total of 67 patients were enrolled but 9 were excluded. Median age was 54 years (range, 31–73 years). Forty patients (69%) had endometrioid adenocarcinoma. Stage was IIIC in 9 (15%), IVA in 15 (26%), and IVB in 11 patients (19%). Staging surgery was performed by open surgery in 27 patients (46%), laparoscopic surgery in 23 patients (40%), and robotic surgery in 8 patients (14%). Grade 3 and 4 hematologic toxicity was reported in 26 and 43 patients, grade 3 non-hematologic toxicity was reported in 13 patients. After a median follow-up of 58 months (range, 2–101 months), 11 patients had recurrence and 2 of them died of disease. PFS (± SE) was 90% (± 4%), 84.3% (± 4.8%), 79.9% (± 5.5%) at 1, 3, and 5 years, respectively. Overall survival (± SE) was 98.3% (± 1.7%), 96.2% (± 2.6%), 96.2 (± 2.6%) at 1, 3, and 5 years, respectively.

Conclusion Endometrial cancer with high risk factors could benefit from adjuvant chemotherapy using docetaxel/cisplatin followed by radiation therapy with manageable toxicities. Further studies are needed with the incorporation of biological agents to estimate the real benefit of these treatment strategies.

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 a 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...
endocervix and endometrium in patients with endometrial cancer. Due to the ease of obtaining the material from the cervix during cytological screening, the expression of selected proteins might be used as a predictive factor in endometrial cancer.

**Methodology** The study was performed on group of 101 patients with type I and II endometrial carcinoma using immunohistochemical methods.

**Results** Our results showed that both cadherins were expressed in the endocervix. In endometrial cancer type I, no significant differences were found in the expression of cadherins between the tumor and the cervix. It is possible to suspect an evenly ongoing neoplastic process both in the primary site and in the cervix. Statistically significant differences in the results turned out to be in the case of type II endometrial cancer, where a higher cadherin expression was noted in the tumor mass compared to the cervix, which suggests a greater dynamics of the EMT process in the tumor itself than in the cervix.

**Conclusion** Our results may have significant clinical outcomes in the diagnosis of endometrial cancer.

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**PREDICTORS OF INVASIVE CARCINOMA IN ENDOMETRIAL HYPERPLASIA AND ITS INFLUENCE ON SURGICAL MANAGEMENT**

1Carmen De la Fuente Méndez, 3María Alonso-Espías, 3Virginia García-Pineda, 3Myriam Gracia, 1Jaime Siegrist, 3María Dolores Diestro, 4Alicia Hernández, 2Ignacio Zapardiel.

1La Paz University Hospital, Madrid, Spain; 2Gynecology and Obstetrics, Asklepios Klinik Barmbek, Hamburg, Germany; 3Gynecologic Oncology Unit, La Paz University Hospital, Madrid, Spain

**Introduction/Background** Endometrial hyperplasia consists of the proliferation of endometrial glands due to chronic exposure to high estrogen levels without the compensatory stimulus of progesterone. Other related factors are age, menopause and obesity. Transformation to endometrial cancer is greater if the hyperplasia is atypical; however, no reliable predictors have yet been described. The aim of this study is to analyze factors that can predict the evolution of hyperplasia to endometrial carcinoma.

**Methodology** A retrospective study was performed on patients diagnosed with endometrial hyperplasia at Hospital La Paz from January 2016 to December 2021. Factors that could influence the development of endometrial cancer were analyzed, as well as those that could influence oncologic outcomes.

**Results** 169 patients with endometrial hyperplasia were included, of which 41 progressed to carcinoma. In this group 92.7% of the carcinomas were endometrioid, 82.9% were diagnosed at FIGO stage IA, 68.3% were G1; statistical significance was observed in these associations. 3.6% of patients suffered recurrences, in which endometrioid carcinoma, stages IA, IB and IV, G2 and G3 and combined treatment showed significant association with this event. Of the disease-free patients, 96.8% had endometrioid carcinoma and 87.1% had stage IA. No significant differences were detected in survival studies.

**Conclusion** Advanced age, menopause, atypical hyperplasia, family history of cancer (specifically breast, colon and endometrial) and surgical treatment are statistically significantly associated with greater progression to endometrial cancer.

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**HAS ENDOMETRIAL CANCER TREATMENT CHANGED DURING THE LAST YEARS? A CANCER REGISTRY DATA-BASED APPROACH TO MONITOR EXPECTED TREATMENT CHANGES AFTER THE RELEASE OF THE CORRESPONDING S3 GUIDELINE**

1Annemarie Schultz, 2Niklas Jobst, 2Gerhard Gebauer. 1Hamburg Cancer Registry, Hamburg, Germany; 2Gynecology and Obstetrics, Asklepios Klinik Barmbek, Hamburg, Germany

**Introduction/Background** With approximately 11,000 new cases annually, endometrial cancer is the fourth most malignant in women in Germany. In April 2018 the S3 endometrial cancer guideline was released as part of the Germany oncology guideline program to promote quality and transparency of medical care. The S3 guideline advised on various aspects of endometrial cancer treatment such as surgical strategies and adjuvant therapy. Recommendations of this S3