### Abstract 2022-RA-1196-ESGO

**SECONDARY CYTOREDUCTIVE SURGERY IN ENDOMETRIAL CANCER RECURRENCE: HOW TO TRIAGE PATIENTS TOWARDS SURGERY, A MULTICENTER STUDY**

1Virginia Vargiu, 2Andrea Rosati, 3Vito Andrea Capozzi, 4Alessandro Gioè, 1Stefano Restaïno, 1Ettore Distefano, 2Roberto Berretta, 1,5Giovanni Scambia, 2,5Francesco Fanfani, 1,6Francesco Cosentino.

1Department of Oncology, Gemelli Molise SpA, Campobasso, Italy; 2Department of Woman and Child Health and Public Health, Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; 3Department of Medicine and Surgery, University of Parma, Parma, Italy; 4Department of Obstetrics, Gynecology, and Pediatrics, Udine University Hospital, DAME, Udine, Italy; 5Università Cattolica del Sacro Cuore, Rome, Italy; 6Department of Medicine and Health Sciences 'Vincenzo Tiberio', Università degli studi del Molise, Campobasso, Italy

10.1136/ijgc-2022-ESGO.295

**Introduction/Background**

Literature evidence showed that patients with endometrial cancer (EC) recurrence benefiting from secondary cytoreductive surgery (SCS) had significantly better survival outcomes than patients not undergoing SCS, however, only a minority is considered eligible (13–38%). In this study, we retrospectively analyzed clinical-histological variables that could predict patient operability.

**Methodology**

Multicenter, retrospective analysis including patients with EC recurrences diagnosed through radiological and/or histological examination between January-2010 and December-2021.

**Results**

Three-hundred-thirty-one patients have been retrieved. One-hundred-eighty-six patients underwent SCS (Group-1), while 145 were addressed to other secondary treatment (chemotherapy ± radiotherapy ± palliative care) (Group-2). Patients selected for SCS were statistically younger, with lower body mass index (BMI), better Eastern Cooperative Oncology Group-Performance Status (ECOG-PS) and with less comorbidities (Group 1 vs 2: age≥75: 9.7% vs 20.0 p<0.001, BMI≥30: 30.6% vs 44.1%, p=0.016, ECOG-PS≥2: 19.8% vs 30.3%, p<0.001, Adjusted-Charlson Comorbidity Index, AACC>2: 67.7% vs 86.2%, p<0.001).
At univariate analysis, age >75, BMI >30, ECOG-PS = 2, augmented Ca-125, evidence of multiple-site metastasis, and of a mixed pathway of recurrence were statistically significant factors for a reduced probability of undergoing SCS. At multivariate analysis, only ECOG-PS = 2 (OR: 0.370, p=0.024), augmented Ca-125 (OR: 0.482, p=0.042), multiple-site metastasis (OR: 0.429, p=0.024) and the mixed recurrence pathway (OR: 0.111, p=0.008) confirmed to be negative predictors. Conversely, nodal recurrence-pathway showed an OR of 2.173, p=0.042 suggesting a higher chance to undergo SCS. Complete gross resection (CGR) was achieved in the 95.7% of patients selected for surgery (Table 1).

Conclusion: Age >75 years, ECOG-PS = 2, positive Ca-125, evidence of multiple-site relapse, and the mixed pathway of relapse are independent negative predictors of patient operability, while the nodal pathway of relapse has been shown to be a positive predictor. Considering the CGR rate obtained in the selected population, these factors could be used to build a preoperative score to correctly identify patients who may benefit from SCS.

Abstract 2022-VA-1229-ESGO

NOVEL METHOD OF UTERINE TRACTION IN ROBOT ASSISTED TOTAL HYSTERECTOMY

Kazunari Fujino. Obstetrics and Gynecology, Juntendo University, Tokyo, Japan
10.1136/ijgc-2022-ESGO.296

Introduction/Background: One of the important procedures for safely performing robot assisted total hysterectomy is uterine traction, which is an essential procedure for developing the field. Manipulators have played a role in benign tumors, but in surgery for malignant uterine tumors, manipulators are often avoided because they come into contact with the tumor, and as a result, it may be difficult to tow the uterus. This time, I have developed a new uterine traction method, so I would like to propose it.

Methodology: The subjects were cases of endometrial cancer who underwent total hysterectomy with robot assisted. After approaching the abdominal cavity, cut the round ligament of the uterus, expand the broad ligament to the vicinity of the cervix, and perform the same operation on the left and right. Leave the proper ovarian ligament uncut. Cut the sterilized cotton tape to about 25 cm, wrap it around the cervix and ligate it. When pulling the uterus, hold this tape from the front and back of the uterus with the 3rd arm and pull it.

Results: Since the cotton tape is wrapped around the center of gravity of the uterus, it is possible to stably pull the uterus in all directions and three-dimensionally.

Conclusion: This method is easy to introduce and enables stable deployment of the surgical field. It also led to the effective use of human resources. It can be applied not only to malignant tumors but also to benign tumors and laparoscopic surgery.

RISK FACTORS FOR RECURRENCE OF ENDOMETRIAL CANCER IN TAIWANESE WOMEN

Chi-Chang Chang, Chalong Cheewakirangkrai, Ying-Chen Chen. Medical Informatics, Chung Shan Medical University, TAICHUNG, Taiwan; Department of Information Management, Ming Chuan University, Taoyuan, Taiwan; Division of Gynecologic Oncology, Chiang Mai University, Chiang Mai, Thailand
10.1136/ijgc-2022-ESGO.297

Introduction/Background: Endometrial cancer is the most common neoplasm in the female genital tract in Taiwan. The aim of this study was to develop a machine learning-based classification model to predict risk factors of recurrent endometrial cancer.