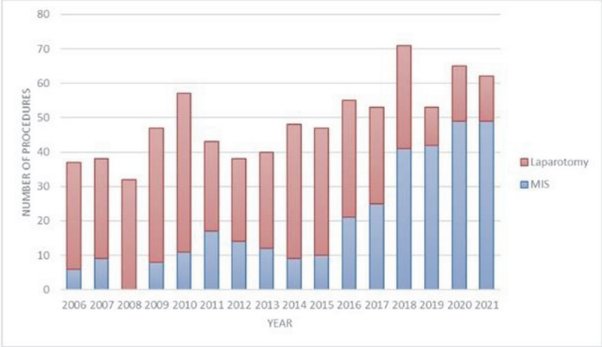
Abstract 2022-RA-1181-ESGO Table 1 Patient and tumor characteristics

Characteristic	Laparotomy N=463	MIS N=323	p-value
Age at diagnosis Median (min--max)	70.6 (39-97.4)	70.5 (30.4-95.6)	0.89
BMI Median (min-max)	26.5 (16.0-50.5)	26.9 (17.4-46.9)	0.34
Smoking N(%)			0.71
yes	67 (18.3%)	45 (16.0%)	
previous smoker	34 (9.3%)	29 (10.3%)	
ASA N(%)			0.33
1-2	245 (73.1%)	199 (69.6%)	
3-4	90 (26.9%)	87 (30.4%)	
Nodal assessment			<0.00001
None	69 (15.0%)	47 (14.7%)	
PLND	125 (27.2%)	44 (13.8%)	
PLND + PPALND	262 (57.1%)	99 (31.0%)	
SLN	3(0.7%)	129 (40.4%)	
Omentectomy N (%)	268 (57.9%)	143 (44.3%)	0.001
Mini-laparotomy	N/A	18 (5.6%)	
Operative time (minutes) Median (min-max)	146 (42-418)	125 (38-476)	<0.0001
Estimated Blood Loss (ml) Median (min-max)	300 (0-2900)	50 (0-800)	<0.0001
Length of stay in days Median (min-max)	7 (2-37)	3 (1-20)	<0.0001
Stage			<0.0001
0=IA	159 (34.3%)	159 (49.2%)	
1=IB	86 (18.6%)	74 (22.9%)	
2=II	48 (10.4%)	14 (4.1%)	
3=IIIA	19 (4.1%)	14 (4.1%)	
4=IIIB	7 (1.5%)	6 (1.9%)	
5=IIIC1	65 (14.0%)	40 (12.9%)	
6=IIIC2	45 (9.7%)	9 (2.8%)	
7=IVA	2 (0.4%)	0	
8=IVB	32 (6.9%)	7 (2.2%)	
Histology			0.02
Endometrioid G3	127 (27.4%)	124 (38.4%)	
Clear Cell	41 (8.9%)	24 (7.4%)	
Serous	112 (24.2%)	80 (24.8%)	
Carcinosarcoma	94 (20.3%)	52 (16.1%)	
Undifferentiated	6 (1.3%)	4 (1.3%)	
Mixed	83 (17.9%)	39 (12.1%)	
LVSI			0.55
Positive	201 (43.5%)	129 (39.9%)	
Adjuvant Treatment			0.09
Chemotherapy	340 (73.4%)	221 (68.4 %)	
Radiotherapy (EBRT)	3 (0.6%)	0	
Chemo/RT	5 (1.1%)	8 (2.5%)	
No adjuvant treatment	115 (24.8%)	94 (29.1%)	
Cycles adjuvant chemotherapy Median (min-max)	6 (1-6)	6 (1-9)	0.12
Follow-up time (months) Median (min - max)	58.9 (0.5-187)	34 (1.3-187)	
Recurrence	155 (33.5%)	61 (19.0%)	<0.0001
Recurrence site			<0.0001
Vaginal	23 (5.0%)	7 (2.2%)	0.04
Pelvic	10 (2.3%)	2 (0.6%)	
Distant	18 (3.9%)	10 (3.1%)	
Isolated nodal	9 (1.9%)	3 (0.9%)	0.25
Multiple sites	84 (18.1%)	39 (12.1%)	0.02
Status			<0.0001
No evidence of disease	250 (54%)	229 (70.9%)	
Alive with disease	7 (1.5%)	14 (4.3%)	
Dead of disease	118 (25.5%)	40 (12.4%)	
Dead of other	88 (19.0%)	40 (12.4%)	



Abstract 2022-RA-1181-ESGO Figure 1

Conclusion In this retrospective comparison of laparotomy versus MIS in women with high-risk EC having mainly received adjuvant chemotherapy, distribution of recurrences varied. However, risk of recurrence and death was the same.

$$MISSING OR BAD GRAPHIC SPECIFICATION (62D31B82-B6C2–4173–9A85–6A85CC67093F) $$

$$MISSING OR BAD GRAPHIC SPECIFICATION (B88C4B57-BABB-43C3-ADC6-E1AEB2EF268D) $$

2022-RA-1196-ESGO SECONDARY CYTOREDUCTIVE SURGERY IN ENDOMETRIAL CANCER RECURRENCE: HOW TO TRIAGE PATIENTS TOWARDS SURGERY, A MULTICENTER STUDY

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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, Aged-Adjusted Charlson Comorbidity Index, AACCI>2: 67.7% vs 86.2%, p<0.001)

(Table-1).At univariate analysis age≥75, BMI≥30, ECOG-PS≥2, AACCI>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, l=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 (Table-1).Complete gross resection (CGR) was achieved in the 95.7% of patients selected for surgery (table 1).

Abstract 2022-RA-1196-ESGO Table 1

Variables	No SCS	SCS		Univariate analysis		Multivariate analysis	
	n (%)	n (%)	p-value	OR (95 % CI)	p-value	OR (95 % CI)	p-value
Cases	145	186					
Age, years			<0.001				
<75	103 (71.0)	168 (90.3%)		Ref		Ref	
≥ 75	42 (29.0)	18 (9.7)		0.263 (0.144-0.481)	<0.001	0.390 (0.150-1.012)	0.053
BMI, kg/m²			0.016				
<30	81(55.9)	129 (63.4)		Ref		Ref	
≥ 30	64 (44.1)	57 (30.6)		0.559 (0.356-0.879)	0.012	0.589 (0.290-1.194)	0.142
ECOG-PS			<0.001				
0-1	101 (69.7)	166 (89.2)		Ref		Ref	
≥2	44 (30.3)	20 (19.8)		0.277 (0.154-0.496)	<0.001	0.370 (0.156-0.877)	0.024
AACCI			<0.001				
0 – 2	20 (13.8)	60 (32.3)		Ref		Ref	
> 2	125 (86.2)	126 (67.7)		0.336 (0.191-0.590)	<0.001	0.465 (0.203-1.068)	0.071
Ca 125							
Negative	49 (49.0)	86 (72.9)	<0.001	Ref		Ref	
Positive	51 (51.0)	32 (27.1)		0.358 (0.203-0.629)	<0.001	0.482 (0.239-0.975)	0.042
Number of relapse sites			<0.001				
Single-site	72 (49.7)	145 (78.0)		Ref		Ref	
Multi-site	73 (50.3)	41 (22.0)		0.279 (0.173-0.449)	<0.001	0.429 (0.205-0.895)	0.024
Pattern of recurrence			<0.001				
Loco regional	50 (34.5)	84 (45.2)		Ref		Ref	
Lymphatic	21 (30.0)	49 (26.3)		1.389 (0.747-2.581)	0.299	2.713 (1.037-7.299)	0.042
Hematogenous	26 (17.9)	32 (17.2)		0.733 (0.392-1.368)	0.329	0.806 (0.321-2.018)	0.645
Peritoneal	16 (11.0)	13 (7.0)		0.484 (0.215-1.089)	0.079	0.755 (0.268-2.126)	0.595
Mixed	32 (43.8)	8 (20.0)		0.149 (0.064-0.348)	<0.001	0.111 (0.022-0.566)	0.008
Residual Tumor							
0	-	178 (95.7)	-				
≤1 cm	-	2 (1.1)	-				
> 1 cm	-	6 (3.2)	-				

BMI: body mass index, ECOG-PS: Eastern Cooperative Oncology Group-Performance Status, AACCI: Aged-Adjusted Charlson Comorbidity Index

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.

2022-VA-1229-ESGO NOVEL METHOD OF UTERINE TRACTION IN ROBOT ASSISTED TOTAL HYSTERECTOMY

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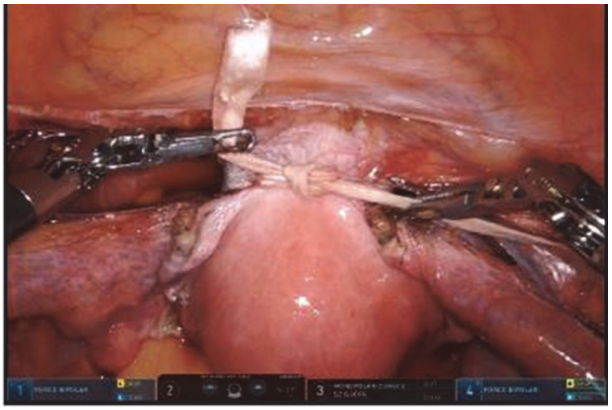
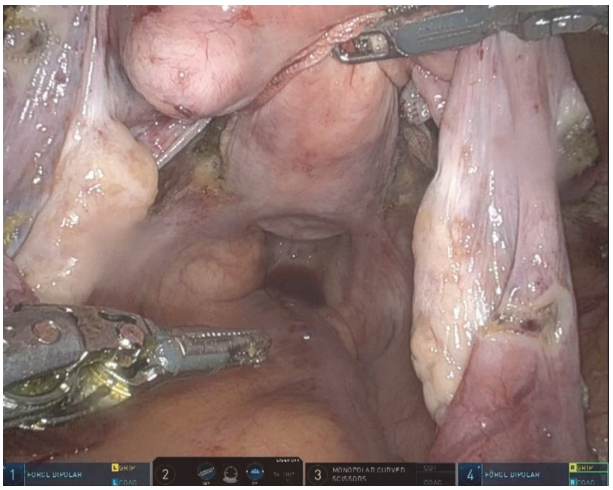
Introduction/Background One of the important procedures for safely performing robot assisted total hysterectomy is uterine traction, which is an essential procedure for developing the field. Manipulators have played a role in benign tumors, but in surgery for malignant uterine tumors, manipulators are 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.



Abstract 2022-VA-1229-ESGO Figure 1



Abstract 2022-VA-1229-ESGO Figure 2

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.

2022-RA-1240-ESGO RISK FACTORS FOR RECURRENCE OF ENDOMETRIAL CANCER IN TAIWANESE WOMEN

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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.