

(Table-1).At univariate analysis age $\geq$ 75, BMI $\geq$ 30, ECOG-PS $\geq$ 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 $\geq$ 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		p-value	Univariate analysis		Multivariate analysis	
	n (%)	n (%)		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		
$\geq$ 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/m <sup>2</sup>			0.016				
<30	81(55.9)	129 (63.4)		Ref	Ref		
$\geq$ 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		
$\geq$ 2	44 (30.3)	20 (10.8)		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			<0.001				
Negative	49 (49.0)	86 (72.9)		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				
Local 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)		0.731 (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)	0.078	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)					
$\leq$ 1 cm	-	2 (1.1)					
$>$ 1 cm	-	6 (3.2)					

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

**Conclusion** Age $>$ 75 years, ECOG-PS $\geq$ 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.

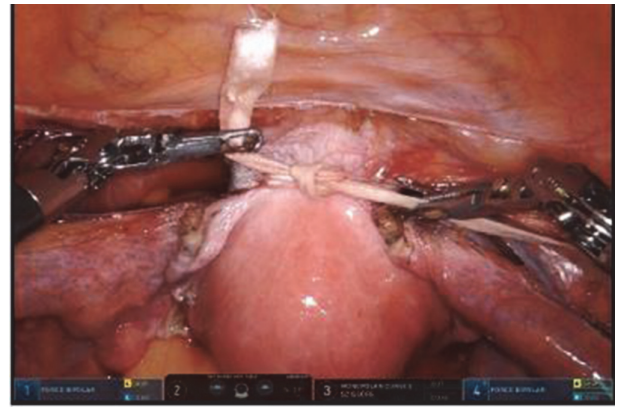
**2022-VA-1229-ESGO NOVEL METHOD OF UTERINE TRACTION IN ROBOT ASSISTED TOTAL HYSTERECTOMY**

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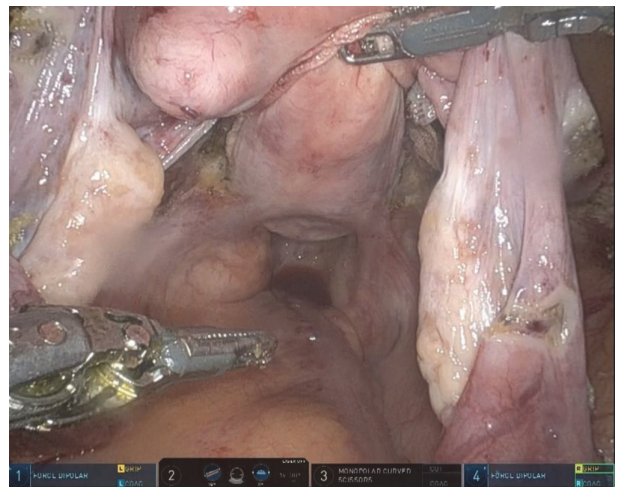
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**Introduction/Background** One of the important procedures for safely performing robot assisted total hysterectomy is uterine traction, which is an essential procedure for developing the field. Manipulators have played a role in benign tumors, but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