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, 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

<table>
<thead>
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<th>Variable</th>
<th>Ref</th>
<th>Age ≥75</th>
<th>BMI ≥30</th>
<th>ECOG-PS ≥2</th>
<th>Augmented Ca-125</th>
<th>Multiple-site metastasis</th>
<th>Mixed recurrence pathway</th>
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<td>Ref</td>
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<td>Regression coefficient</td>
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</table>

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.

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.

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

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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.
Methodology
A total of 13,324 patients were used to verify the feasibility and effectiveness of the treatment using data from three hospital tumor registries. Additionally, five machine learning approaches were used to develop prediction models, including LADT (Logical Analysis of Data Trees), NBT (Naïve Bayes Trees), RF (Random Forests), RT (Random Trees), and FT (Functional Trees).

Results
The experimental results indicate that the RF model was of the highest accuracy. The results suggest that six of the most important recurrent risk factors were behavior, age, tumor metastasis, grade, surgical margins, and pathological stage.

Conclusion
These risk factors should be monitored for early detection and the clinical features summarized in this study as additional effective treatments and appropriate interventions.

Abstract 2022-RA-1250-ESGO Table 1
Patient demographics and sentinel lymph node biopsy characteristics

Abstract 2022-RA-1250-ESGO Table 2
Multivariate analysis: bilateral drainage