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SURGICAL MANAGEMENT OF ENDOMETRIAL CARCINOMA WITH A FOCUS ON THE HIGH BMI PATIENT

Aisling E Redmond, Karen M Mulligan, Anna Booth, Donal J Brennan. *Gynaecological Oncology Group, University College Dublin, Dublin, Ireland*

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Introduction/Background 70% of women with endometrial cancer are overweight or obese which increases the risk of peri-operative complications. 90% of patients with endometrial cancer who attend our tertiary gynaecological oncology unit have minimally invasive surgery (laparoscopic or robotic). We compare our intraoperative and postoperative adverse event (AE) rate (using the NCI common toxicity criteria classification), rate of conversion to laparotomy and length of hospital stay was compared to current literature (LACE trial, Lap 2 trial and the Dutch TLH trial).

Methodology A retrospective review of patients managed surgically for endometrial carcinoma was performed from July 2019 to July 2021.

length of stay was 2 days in TLH and 7 in TAH. The intraoperative complication rate was 5.1% in those with a BMI <30, 6.7% in patients with a BMI 30–39, and 4% (n=1) in those with a BMI >40. Post-operative complication rate was 3.4% in the BMI <30 group, 11.8% in the BMI 30–39 group and 16% in the BMI >40 group.

Conclusion We found that our adverse event rate was below the average rate (of the three trials) in TLH (6.7% vs 4.5% intraoperatively and 12.9% vs 6.5% postoperatively). The rate of adverse events in our TAH group was higher than the average rate in the other three trials intra-operatively (7.1% vs 5.6%) and post-operatively (21.4% vs 16.7%).

In conclusion there was a significantly higher postoperative complication rate in the high BMI (>39) group (16%) and efforts should be made to identify modifiable risk factors in this patient population

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TLR-4 AS A POSSIBLE NEW PROGNOSTIC MARKER OF ADVANCED ENDOMETRIAL CANCER

¹Malgorzata Sobstyl, ²Anna Sobstyl, ³Monika Maciejczyk-Pencula, ³Ewelina Grywalska. ¹Department of Gynecology and Gynecological Endocrinology, Medical University of Lublin, Lublin, Poland; ²Department of Experimental Immunology, Medical University of Lublin, Lublin, Poland; ³Medical University of Lublin, Lublin, Poland

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Introduction/Background The incidence of endometrial cancer (EC) is increasing, and the age of onset is younger than in prior years. Although endometrial cancer still occurs more commonly in older women, for whom the mortality rate is increasing, it also is being diagnosed in younger and younger women. The development of cancer might be associated not only with deficient adaptive immunity, but also with innate immune responses where the prominent role plays Toll-like receptors (TLRs). The aim of our study was to assess the relationship between the expression levels of TLR-4 on CD4+ and CD8+ T as well as CD19+ B lymphocytes in patients with EC and selected clinical parameters.

Methodology The study group consisted of 40 women with EC, the control group consisted of 20 healthy women. Immunophenotyping was performed using the flow cytometry and cytokines concentrations were assessed using ELISA assay.

Results The mean percentage of CD4+/TLR-4+ and CD8+/TLR-4+ T cells in patients with EC was higher than in the control group ($p < 0.0001$). Three months after surgical removal of EC, the mean percentage of CD4+/TLR-4+ T cells in patients with EC decreased ($p < 0.0001$). The expression level of TLR-4 on CD4+ T lymphocytes correlated with stage of EC ($r = 0.47, p = 0.007$). The mean percentage of CD8+/TLR-4+ T cells in patients with EC before surgery compared to patients with EC after surgery was higher ($p = 0.0163$).

Conclusion The expression level of CD4+/TLR-4+ and CD8+/TLR-4+ T cells in patients is strongly correlated with a diagnosis of endometrial cancer. Thus the TLR-4 can be a prognostic marker for detection of endometrial cancer.

Abstract 2022-RA-1252-ESGO Table 1

	BMI 20-29	BMI 30-39	BMI 40-49	50-59	60-69
Total	59	51	21	3	1
Average Age (years)	64	66	60	56	40
Average BMI	25	33	42	53	65
Co-morbidities	66% (n=39)	80.3% (n=41)	90.4% (n=19)	100% (n=3)	100% (n=1)
TLH	77.9% (n=46)	88.2% (n=45)	85.7% (n=18)	100% (n=3)	100% (n=1)
Robotic	19.5% (n=9)	33.3% (n=15)	44.4% (n=8)	100% (n=3)	100% (n=1)
TAH	22.1% (n=13)	11.8% (n=6)	14.3% (n=3)	0	0
Conversion to open	4.3% (n=2)	5.9% (n=3)	4.8% (n=1)	0	0
Average Length of stay (days)	3.1	3.2	3.2	3	3
Intra-operative Complications					
TLH	4.5% (n=2) - bladder x1 - ureteric x1	7.1% (n=3) - bladder x1 - vascular x1 - urethral x1	0% (n=0)	0%	0%
TAH	6.7% (n=1) - vascular x1	0% (n=0)	25% (n=1) - transfusion	n/a	n/a
Total	5.1% (n=3)	5.9% (n=3)	4.7% (n=1)	0%	0%
Post-operative complications					
TLH Conversion to open excluded	4.5% (n=2) - bladder x1 - ureteric x1	4.7% (n=2) - bladder x1 - urethral x1	5.8% (n=1) - HDU x1	0%	100% (n=1) HDU x1
TAH Conversion to open included	0% (n=0)	44.4% (n=4) - VTE x2 - transfusion x2	50% (n=2) - Transfusion x1 - HDU x1	n/a	n/a
Total	3.4% (n=2)	11.8% (n=6)	14.3% (n=3)	0%	100% (n=1)

Results We identified 135 patients, 83.7% of whom (n=113) underwent total laparoscopic hysterectomy (TLH). Intraoperative complications in TLH group was 4.5% (n=5), and 7.1% (n=2) in the TAH group. Post-operative complication rate in TLH was 6.5% (n=7) and 21.4% (n=6) in TAH. The average