clinical features into risk-profiles according to the ESGO-ESTRO-ESP guidelines. DEP was detectable in 24 (75%) of urine samples, DBP was detectable in 31 (97%) samples. Median levels of DEP in urine were 22.8 µg/L (range 4 – 54 µg/L) and 74.9 µg/L (range 23 – 166 µg/L) for DBP. Clinical risk assessment was significantly correlated with DEP r=9.475; p<.050, but not with DBP expression levels r=5.573; p>.233.

Conclusion Exposure to higher concentrations of DEP may be associated with increased biological aggressiveness of EC. If these findings are confirmed in other EC populations, this could influence counselling and management of women with EC.

2022-RA-1335-ESGO THE IMPACT OF COMBINATION OF SYSTEMIC INFLAMMATORY AND MOLECULAR MARKERS ON SURVIVAL OF APPARENT EARLY-STAGE ENDOMETRIAL CANCER

[1]Nicolò Bizzarri, [1]Ilaria Capasso, [1]Emanuele Perrone, [1]Alessandro Baroni, [1]Ettore Di Stefano, [1]Lucia Tortorella, [1]Serena Cappuccio, [1]Camilla Nero, [2]Gian Franco Zannoni, [1]Giovanni Scambia, [1]Francesco Fanfani. *[1]UOC Ginecologia Oncologica, Dipartimento per la Salute della Donna e del Bambino e della Salute Pubblica, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rome, Italy; [2]Gynecopathology and Breast Pathology Unit, Dipartimento per la Salute della Donna e del Bambino e della Salute Pubblica, Fondazione Policlinico Universitario A. Gemelli, IRCCS, Rome, Italy*

10.1136/ijgc-2022-ESGO.309

Introduction/Background The primary endpoint of the present study was to assess the role of systemic inflammatory and molecular markers on DFS in patients with apparent early-stage endometrial cancer.

Methodology Retrospective, single-center, observational study. Patients with apparent endometrial cancer undergoing primary surgery between 06/2013–06/2019 were included. Data on systemic inflammatory markers were calculated on complete blood count performed at time of anesthetic assessment (1–30-days before surgery). Information about molecular markers P53, MLH1, MSH2, MSH6, PMS2, ER, PR and MMR stability was retrieved by immunohistochemistry (IHC) analysis of tumor tissue on uterus histology. Analyzed inflammatory markers included neutrophil-lymphocyte ratio (NLR), platelet-lymphocyte ratio (PLR), eosinophil-lymphocyte ratio (ELR), monocyte-lymphocyte ratio (MLR), systemic immune inflammation index (SII), (eosinophil x neutrophil)/lymphocyte (ENL) and fibrinogen-albumin ratio (FAR). The ROC curve was used to determine the optimal cut-off value of different baseline inflammatory biomarkers for the DFS analysis.

Results Characteristics of 495 included patients are showed in table 1. Univariate analysis showed that following inflammatory markers values were significantly associated with worse DFS: NLR≥3.5 (HR:2.424;95%CI:1.512–3.886;p<0.001), SII≥1050 (HR:2.738;95%CI:1.665–4.502;p<0.001), PLR≥250 (HR:2.747;95%CI:1.453–5.194;p=0.002), FAR≥10 (HR:1.841;95%CI:1.138–2.978;p=0.013), MLR≥0.3 (HR:2.288;95%CI:1.409–3.716;p<0.001). When stratifying according to molecular risk-groups from ESGO-ESTRO-ESP-2021 guidelines, we found that in MMRd patients, patients with SII<1050 had better 3-year DFS than patients with SII≥1050 (91.0% versus 60.0%;p=0.002). Similarly, we found that in MMRd patients and p53 mutated patients, patients with PLR<250 had better 3-year DFS than those with PLR≥250 (90.1% versus 62.5%, p=0.020 and 74.9% versus 33.3%,p=0.045, respectively).Multivariable analysis including molecular and systemic inflammatory markers showed that PLR≥250 was independently associated with increased risk of recurrence.

Abstract 2022-RA-1335-ESGO Table 1

Characteristic	N=495, (%,range)
Age	63 (26-88)
BMI, median	28.5 (16.7-64.1)
Histology	
- Endometrioid	404 (81.6)
- Serous	35 (7.1)
- Clear cell	2 (0.4)
- Others	54 (10.9)
Grade	
- 1	4 (9.9)
- 2	291 (58.8)
- 3	148 (29.9)
- Unknown	7 (1.4)
FIGO stage	
- IA	252 (50.9)
- IB	87 (17.6)
- II	38 (7.7)
- IIIA	13 (2.6)
- IIIB	7 (1.4)
- IIIC1	56 (11.3)
- IIIC2	13 (2.6)
- IVA	7 (1.4)
- IVB	22 (4.4)
LVSI	
- Negative	299 (60.4)
- Positive	190 (38.4)
- Unknown	6 (1.2)
IHC molecular analysis available	
- No	180 (36.4%)
- Yes	315 (63.6%)

Conclusion SII and PLR were the systemic inflammatory markers with major impact on recurrence risk. SII and PLR might help in further stratifying risk of recurrence when adopting the molecular risk-groups from ESGO-ESTRO-ESP-2021 guidelines. PLR≥250 surpassed ER, PR and p53 in conferring risk of recurrence.

2022-RA-1344-ESGO ENDOMETRIAL CANCER PATIENTS WITH AN OVEREXPRESSION OF THE ORPHAN NUCLEAR RECEPTOR NR2F6 SHOW AN IMPROVED SURVIVAL

[1]Louisa Proppe, [2]Tobias Jagomast, [2]Julika Ribbat-Idel, [1]Sophie Beume, [1]Georgios Gitas, [1]Franziska Hemptenmacher, [1]Achim Rody, [3]Sven Perner, [1]Lars Christian Hanker. *[1]Gynecology and Obstretrics, UKSH, Campus Luebeck, Luebeck, Germany; [2]Department of Pathology, UKSH. Campus Luebeck, Luebeck, Germany; [3]Department of Pathology, UKSH, Campus Luebeck, Luebeck, Germany*

10.1136/ijgc-2022-ESGO.310

Introduction/Background NR2F6 (nuclear receptor subfamily 2 group F member 6, also called Ear-2) is known to be an orphan nuclear receptor being an intracellular immune checkpoint in effector T cells. It might play an essential role for tumor development and growth. Therefore, the prognostic impact of NR2F6 in endometrial cancer is evaluated in this study.