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

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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 uterine 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 × neutrophil)/lymphocyte ratio (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>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.

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

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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.
WHEN ENDOMETRIAL CANCER SPARES NO AGE

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Introduction/Background Endometrial cancer (EC) is a post-menopausal disease and occurs in only 4% of women 40 years and below. Patients in this age group present with a low grade EC with excellent prognosis. Because of this age group, fertility sparing approach is a reasonable option for selected patients and must be tackled. This paper aims to share this unusual case in the medical field with the hope of being able to contribute with the establishment of a consensus on the management of EC in the young, that is fertility preserving.

Methodology KE is a 36 year old Gravida 0 with primary infertility, complaining of menorrhagia. She has a body mass index of 31.9 kg/m². Ultrasound was done which showed thickened endometrium, hyperechoic with cystic spaces measuring 1.8 cm. Sampling was done which showed Endometrioid Adenocarcinoma. Abdominal CT scan showed a cystic ovarian syndrome, and sequential use of contraception. Risk factors include obesity, nulliparity, early menarche, polycystic ovarian syndrome, and sequential use of contraception. The disease-free survival differed by 58.4 months (156 months) in 2079 patients who underwent primary surgery between January 2005 and November 2021 at Fondazione Policlinico A. Gemelli, Rome, were retrospectively reviewed. Potential predictive factors of adnexal involvement were assessed by logistic regression models. Overall survival (OS) and recurrence-free survival (RFS) were estimated using Kaplan-Meier method and potential independent prognostic factors assessed by Cox proportional-hazard models.

Results 2079 patients were finally included in the study. Of those, 55 were stage IIIA EC (annual incidence 0.11%). Recurrences occurred in 16 out of 55 patients (29.1%), mostly pelvic and lymphatic (43.8% each). Notably, 27/39 those, 55 were stage IIIA EC (annual incidence 0.11%). Recurrences occurred in 16 out of 55 patients (29.1%), mostly pelvic and lymphatic (43.8% each). Notably, 27/39 patients with endometrial cancer. Further studies are required to validate its prognostic impact.