

Abstract 2022-RA-1504-ESGO Figure 1

**Results** In total, 83 patients were included in this analysis. Two patients who received T-P as primary HT reached complete response (CR). Among patient who received P-only therapy (n=81), 35 (43.2%) achieved CR, while 46 (56.8%) did not. Of those with persistent disease, 31 (67.4%) underwent hysterectomy and others (n=15) were recommended T-P therapy. Except for five patients who did not complete medication, 10 patients completed T-P therapy at least 6 cycles with median observation period of 41.4 months. Among them, seven (70%) showed CR, and only three (30%) underwent hysterectomy for persistent disease.

**Conclusion** T-P therapy should be considered as one of the treatment options for early-stage endometrial cancer patients who have previously failed P-only therapy. More studies are needed to predict the response to HT by investigating the molecular classification of endometrial cancer.

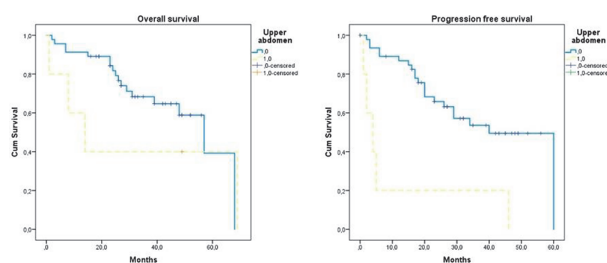
#### 2022-RA-1506-ESGO FACTORS AFFECTING SURVIVAL RATES OF PATIENTS WITH UTERINE CLEAR CELL CARCINOMA

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**Introduction/Background** Uterine clear cell carcinoma represents a rare and aggressive gynecologic malignancy that is primarily treated with surgery. Chemotherapy and radiotherapy have been used as adjuvant therapy to postpone survival, however, even in this setting the actual mortality rates remain high. In the present study we evaluated factors that affect survival rates of patients, including patient and tumor characteristics as well as administered therapy.

**Methodology** The study was based in a retrospective cohort of patients treated in a tertiary university hospital in Greece. Cox regression analysis was used to evaluate the impact of age, body mass index, tumor size, stage of the disease at primary treatment, presence of upper abdominal metastases on survival rates of patients.



Abstract 2022-RA-1506-ESGO Figure 1

**Results** Overall, 53 patients were included in the present study with a median follow-up of 48 months. The median progression free survival was 36.47 months (29.78, 43.16) and the median overall survival was 47.35 months (39.89, 54.82). Advanced stage disease significantly decreased the rates of patient survival (29.80 vs 40.18 months for progression free survival and 43.30 vs 53.17 months for overall survival). Patients with metastases to the upper abdomen had the most decreased survival rates (11.6 months vs 39.59 months for progression free survival and 32.2 months vs 48.26 months for overall survival). The use of chemotherapy did not decrease recurrence rates (HR 1.33, 95% CI 0.38, 4.71). Similar results were observed for external beam radiotherapy (HR 0.645, 95% CI 0.19, 2.21) and brachytherapy (HR 0.86, 95% CI 0.27, 2.76).

**Conclusion** Clear cell carcinoma is an extremely aggressive malignancy with survival rates of patients presenting at advanced stage being extremely short. Adjuvant therapy does not seem to benefit survival rates of patients with early stage disease.

#### 2022-RA-1508-ESGO UNIVERSAL MMR TESTING IN ENDOMETRIAL CARCINOMA: RESULTS AND CLINICOPATHOLOGIC CORRELATIONS FROM AN INDIAN CENTRE

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**Introduction/Background** Tumour testing for DNA mismatch repair (MMR) is recommended for all endometrial cancers (EC) and is incorporated into the new molecular classification. This study aimed to find the prevalence of MMR deficiency (dMMR), Lynch Syndrome (LS), and to evaluate the differences in prognostically important clinicopathologic features between MMR proficient (pMMR) and dMMR among Indian EC patients.

**Methodology** Clinical and pathologic information of women treated for EC between 2019–2020 were obtained from electronic medical records. Fisher exact test was used for comparison of categorical variables. Survival analysis was done using Kaplan-Meier method and Cox Proportional Hazards model.

**Results** Over 2 years 108 EC tumour testing was done and 24% (26 pts) were dMMR by immunohistochemistry.

Frequencies of MMR loss of expression were: MLH1/PMS2 loss in 14, MSH2/MSH6 loss in 5, MSH6 loss in 5, and PMS2 loss in 2. Six patients (5.6%) had germline mutations suggestive of LS with 2 (1.9%) among them having positive family history. Stage at diagnosis did not differ significantly between dMMR and pMMR. Lymphovascular invasion (LVI) ( $p = 0.003$ ), and grade 2–3 ( $p = 0.002$ ) were significantly more frequent in the dMMR group. Two-year recurrence-free survival (RFS) in pMMR and dMMR groups were 86% and 91% ( $p=0.8$ ) respectively, while median RFS was not reached in either group.

**Conclusion** Almost one in four EC tumours is dMMR, with higher MMR reflexed detection of LS than by family history criteria. Higher grade and LVI were more common in dMMR but short-term outcomes were similar in dMMR and pMMR.

### 2022-RA-1509-ESGO THE MULTISENT STUDY: ANALYSIS OF SURVIVAL ACCORDING TO THE VOLUME OF SENTINEL LYMPH NODE DISEASE

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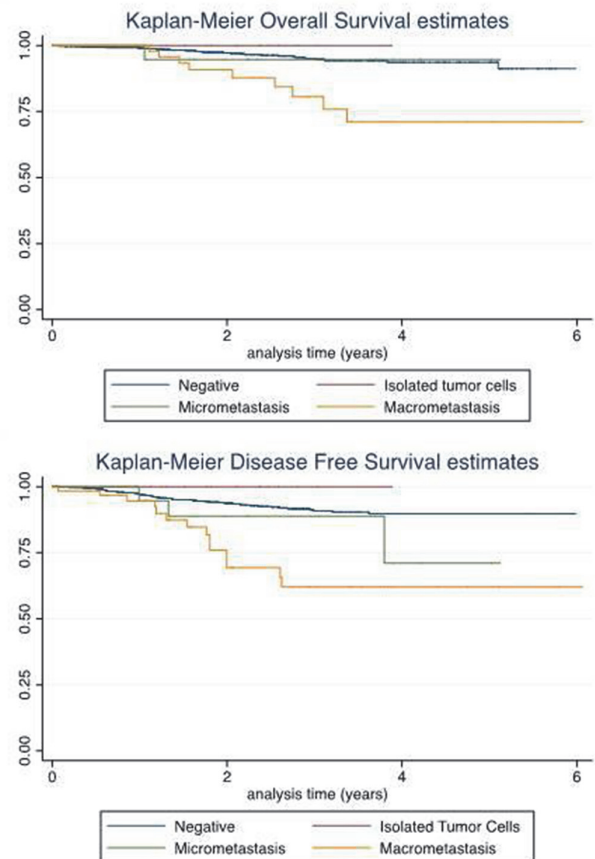
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**Introduction/Background** The MULTISENT study is an initiative that aims to analyze the clinical application of sentinel lymph-node (SLN) technique in Spain. This abstract presents the second objective of the study, aiming to evaluate the rate of SLN metastases detected and the impact of the volume of the disease on the survival of the patients.

**Methodology** Multicenter retrospective study in which twenty-nine Spanish centers were enrolled. Patients operated between 2015–2021 with preoperative clinical stage I-II EC and undergoing SLN mapping as part of their surgical protocol were included. SLN mapping was performed with three different tracers (ICG, ICG + <sup>99m</sup>Tc and <sup>99m</sup>Tc alone or in combination with blue dyes) and different sites of injections were used (cervical, uterus and both). Pelvic lymphadenectomy was performed in 54% of the cohort and aortic lymphadenectomy in 26%, according to the preoperative risk of the patient and the institutional protocol. OSNA or ultra-staging protocols with immunohistochemistry were used to study SLN specimens.

**Results** 1182 eligible patients were analyzed. Median age was 62.7 y (55.9–70.5 y). Median number of resected SLNs was 2 (range 1–3) per patient. Minimally-invasive surgeries were performed in 1127 (95%) patients. 117 patients (9.9%) had positive SLNs, 68 patients (5.7%) with macrometastases and 49 (4.2%) with low-volume disease (24 micrometastases and 25 isolated tumour cells, ITC). Patients with macrometastases had

a significantly higher proportion of non-endometrioid histologies, grade 3, lymph-vascular invasion, and received more extensive surgery and adjuvant chemotherapy. False-negative rate (FNR) of the SLN technique in the cohort was 1.6%. With a median follow up of 1.8 y (0.9–3 y), patients with macrometastases in SLN showed a decreased overall survival (OS) and disease-free survival (DFS) when compared to patients with negative SLN, ITC or micrometastases (figure 1).



Abstract 2022-RA-1509-ESGO Figure 1

**Conclusion** SLN is a feasible technique with high sensitivity and low false-negative rate. Patients with macrometastases showed the worst results in terms of OS and DFS.

### 2022-RA-1520-ESGO FERTILITY SPARING OPERATIVE HYSTEROSCOPY FOR PATIENTS WITH STAGE IA G1/G2 ENDOMETRIOD ENDOMETRIAL CARCINOMA- FARGHALY'S TECHNIQUE

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**Introduction/Background** Fertility-preserving treatment is possible in a selected group of young women with endometrial cancer. Although invasive surgery is the treatment of choice, in women wishing to maintain fertility, non-invasive treatment should be considered.