Introduction/Background Despite advances in endometrial cancer treatments and knowledge, survival for recurring cancers remains poor. In this study, we evaluated the impact of clinical-histological-radiological variables of patients with endometrial cancer recurrence (ECR) on overall-survival (OS), and specifically, we evaluated the impact of secondary-cytoreductive surgery (SCS) with the achievement of complete gross resection (CGR) on different types of relapses.

Methodology Multicenter-retrospective analysis of patients with ECR.

Results Three-hundred-thirty-one patients were retrieved. At Cox-regression multivariate analysis, age ≥75 yr (HR: 2.056, p=0.003), advanced prognostic risk-group at initial diagnosis (HR: 3.240, p=0.007) and the presence of multiple site relapses (HR: 1.589, p=0.045) resulted to be statistically significant factors for reduced OS, while SCS and the disease-free survival (time from diagnosis to 1 relapse) were predictors of improved OS (respectively HR: 0.161, p<0.001, HR: 0.972, p<0.001) (Figure 1). Survival analysis using the Kaplan-Meier method showed that patients with single-site relapse had an improved OS than patients with multiple-site relapses (log-rank p<0.001) (Figure 1). Further stratiﬁing the population on the surgery performed (SCS with CGR vs SCS with residual tumor (RT)> 0 or other secondary treatment), the Kaplan-Meier curves showed that achieving CGR conferred a statistically signiﬁcant OS beneﬁt for patients with single site metastases (p=0.044) and a trend towards better survival for patients with multiple site metastases (p=0.090) (Figure 1).

Conclusion SCS conﬁrmed to be a statistically independent relevant factor for better OS along with DFS in ECR, while age≥75 years, the advanced prognostic risk group and the presence of multiple site relapses were signiﬁcant factors for decreased OS. In addition, the achievement of CGR conferred a statistically signiﬁcant survival advantage on patients with single-site recurrence compared to patients not operated or operated with RT>0, while a trend toward better survival could be identiﬁed in patients with multiple-site relapses when completely gross resected.

Abstract 2022-RA-1591-ESGO Figure 1

Conclusion Patients with high-risk endometrial cancers with isolated lymphatic and para-aortic metastases and isolated pelvic metastases share similar clinical pathological features and prognoses.