Conclusion Perimenopausal women with diagnosis of CAH, a pre-operative US diagnosis of endometrial thickening together with an endometrial thickness ≥ 20 mm should be considered at high risk of concomitant EC at final histological examination. Gynecologist should consider these factors when counseling these patients and tailoring the surgical strategy, possibly considering the need for nodal evaluation.

### Abstracts

#### Abstract 2022-RA-1609-ESGO

**Title:** The median progression-free survival in endometrial cancer in a center which traditionally uses uterine manipulator, but nevertheless, other factors should be taken into account. We need more trials to know more about this issue.

**Authors:** Rasiah Bharathan, 1 Thanya Mahendran, 2 Eva Myrokleffataki, 3 Emma Long, 4 Amy Fisher, 5 Konstantinos Paliologos, 6 Mohamed Oefly, 4 Alvin Floreskou, 5 Zoi Nikoloudaki, 1 Theo Giannopoulou, 4 Kaelith Madhuri Thumuluru, 2 Georgios Angelopoulos, 7 Georgios Theophilou, 5 Alan Gillespie, 3 Simon Butler-Manuel, 6 Department of Gynaecological Oncology, Royal Surrey County Hospital, Guildford, UK; 2 The Christie NHS Foundation Trust, Manchester, UK; 3 Sheffield Teaching Hospitals NHS Trust, Sheffield, UK; 4 Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK; 5 Hull University Teaching Hospitals NHS Trust, Hull, UK; 6 Liverpool Women’s Hospital, Liverpool, UK; 7 Leeds Teaching Hospitals NHS Trust, Leeds, UK.

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#### Introduction/Background

Endometrial cancer is the most common gynaecological malignancy in the developed world. Robot-assisted surgery has proven benefits particularly amongst the obese patients. Indeed older cohort of patients could also benefit from this modality of surgery. The primary objective of this prospective study was to evaluate the risk factors for complications amongst older cohort of women. This could then help focus attention on specific elements of the perioperative enhanced recovery pathway.

**Methodology**

A multicentre prospective study amongst seven cancer centres in the United Kingdom was performed. The study was registered as a service evaluation at each of the individual centres and it was deemed that a formal ethical approval was not required. All women aged 65 or older, who were undergoing robot-assisted hysterectomy for early stage endometrial cancer were eligible. Frailty was evaluated using the Clinical Frailty Score. Post operative events including any unplanned readmissions were recorded. The cohort of patients who had not experienced any complications were compared with those that had any complications. Parametric, non-parametric and Chi-square tests were performed.

**Results**

During this preliminary stage evaluation, dataset from 119 patients were included. 106 experienced no complications and 13 (11%) were recorded as experiencing a complication with respect to age, performance status, BMI, ASA or Charlson comorbidity index. Indeed there were no differences with respect to surgical procedure. Frailty (P<0.05) and polypharmacy (P<0.005) were significant risk factors.

**Conclusion**

In this prospective evaluation of risk factors for post-operative complications in older women undergoing robot assisted surgery for endometrial cancer, frailty and polypharmacy are predictors of any complications. These two factors warrant special attention during the prehabilitation of older patients even prior to minimally invasive surgery.