

Abstract 2022-RA-1609-ESGO Table 1

Variable	Univariate analysis		Multivariate analysis	
	OR (95%CI)	p value	OR (95%CI)	p value
Age (years)	≤50	Ref	Ref	
	51-64	2.140 (1.372-3.336)	1.823 (1.027-3.234)	0.040
	≥65	1.999 (1.196-3.339)	1.743 (0.850-3.573)	0.129
BMI (Kg/m ²)	<30	Ref	-	-
	≥30	1.109 (0.768-1.601)	-	-
Menopausal State	Premenopausal	Ref	Ref	
	Postmenopausal	1.644 (1.115-2.423)	0.991 (0.583-1.687)	0.975
Comorbidities	None	Ref	Ref	
	Any comorbidity	1.497 (1.035-2.166)	1.122 (0.712-1.769)	0.620
AUB	No	Ref	Ref	
	Yes	1.647 (1.122-2.419)	1.388 (0.915-2.106)	0.123
US diagnosis	Endometrial polyp	Ref	Ref	
	Endometrial thickening	3.569 (2.418-5.268)	3.122 (2.084-4.678)	<0.001
Endometrial thickness	<20 mm	Ref	Ref	
	≥20 mm	2.735 (1.696-4.413)	1.958 (1.174-3.264)	0.010

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 counselling these patients and tailoring the surgical strategy, possibly considering the need for nodal evaluation.

2022-RA-1610-ESGO DOES UTERINE MANIPULATOR REALLY AFFECT OVERALL SURVIVAL OR PROGRESSION-FREE SURVIVAL IN ENDOMETRIAL CANCER?

Andres Rave Ramirez, Octavio Arencibia Sanchez, Laura Molero Sala, Maria Laseca Modrego, Daniel Gonzalez Garcia-Cano, Alicia Martin Martinez, Beatriz Navarro. *Gynecologic oncology, CHUIMI, las palmas de gran canaria, Spain*

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Introduction/Background Since evidence questioned the safety of minimally invasive approaches in gynecological cancer, different risk factors have been sought that seem to worsen oncological results, among which is the use of the uterine manipulator. Our objective is to analyse how does uterine manipulator really affect overall survival or progression-free survival in endometrial cancer in a center which traditionally use it

Methodology Retrospective descriptive observational study including all patients diagnosed with endometrial cancer in the gynecology-oncology unit of CHUIMI from 2008 to 2018 with subsequent follow-up until 2021. Demographic variables, histological treats, intra-operative data and relapse rate, location and current status of the patient were studied

Results 746 patients with endometrial cancer were included, among whom 676 were stages I and II (90.6%) and 70 were stages III and IV (9.4%). Focusing on stages I and II, 566 were type I (83.7%) and 117 (16.3%) were type II. All cases were treated by laparoscopy using RUMI-type uterine manipulator. Overall (all stages), the recurrence rate was 12.3% (92) with a death rate of 9.51% (71). In the early stages (I and II), the overall recurrence rate was 10.5% (71) with a death rate for these stages of 7.24% (49). Regarding histological type, in tumors type I in early stages the recurrence rate was 8.8% (50) while in type II tumors in early stages it was 19.1% (21). The most frequent type of recurrence in our sample is systemic, representing 38% (19) in type I (vs. vaginal vault recurrence in 26% (13)) and 81% (17) in type II (vs. dome recurrence in 4.8% (1)). The median progression-free survival in early stages was 19

months in relapsed patients, with the earliest recurrences being in the vaginal vault (median 12 months)

Conclusion These data agree with those published in the literature and the overall survival rate as well as in the early stages are above 90%. Local recurrences can be explained by the use of the uterine manipulator, but nevertheless, other factors should be taken into account. We need more trials to know more about this issue

2022-RA-1617-ESGO FRAILITY INFLUENCES COMPLICATIONS FOLLOWING ROBOT ASSISTED SURGERY IN THE ELDERLY

¹Rasiah Bharathan, ¹Thanuya Mahendran, ²Eva Myriokefalitaki, ³Emma Long, ⁴Amy Fisher, ⁵Konstantinos Palaiologos, ⁶Mohamed Otify, ²Alvin Floreskou, ⁵Zoi Nikoloudaki, ⁵Theo Giannopoulos, ¹Kavitha Madhuri Thumuluru, ⁴Georgios Angelopoulos, ⁷Georgios Theophilou, ³Alan Gillespie, ¹Simon Butler-Manuel. ¹Department of Gynaecological Oncology, Royal Surrey County Hospital, Guildford, UK; ²The Christie NHS Foundation Trust, Manchester, UK; ³Sheffield Teaching Hospitals NHS Trust, Sheffield, UK; ⁴Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK; ⁵Hull University Teaching Hospitals NHS Trust, Hull, UK; ⁶Liverpool Women's Hospital, Liverpool, UK; ⁷Leeds 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 peri-operative 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 ranging from Clavien-Dindo Grade I – IIIb. The median age of the entire cohort of patients was 74 years. There were no significant differences between the groups 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.