**VAGINAL MICROBIOME IN PATIENTS WITH ENDOMETRIAL CANCER**

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**Introduction/Background**

Mechanisms by which microbiota exert their influences on human health are not well-defined, but under certain circumstances certain bacterial communities can become altered, thereby disrupting normal homeostasis and resulting in human disease. While disruption of the vaginal microbiome may potentially promote gynecologic carcinogenesis (i.e. cervical cancer), the exact role of the microbiome in endometrial cancer still remains unclear. The aim of the present study was to identify selected species of microorganisms in women with endometrial cancer, and endometrial pre-cancerous lesions.

**Methodology**

48 women with endometrial cancer, endometrial atypical hyperplasia and benign gynecological conditions were included in this study. In each case, two swabs were taken: vaginal and endocervical. Each patient signed an informed consent form. Real-Time PCR was used to identify bacterial species. Differences between vaginal and endocervical microbiota were examined.

**Results**

Samples from the vagina in terms of isolated microbial species were more diverse than samples from endocervical canal. Mobiluncus curtisi and Fusobacterium nucleatum were the most frequent species detected in vaginal sample, whereas Gardnerella vaginalis and Atopobium vaginae were the most frequently detected in endocervical canal samples. Patients with endometrial cancer have more abundant vaginal microbiota in comparison to endocervical canal, while women from control group have a comparable number of isolated microorganisms. Differences between vaginal and endocervical microbiota were examined.

**Conclusion**

Microbiome of patients with endometrial cancer shows clear quantitative and qualitative differences when compared to control groups. The results of our study raise the possibility of a microbiome role in the manifestation and/or etiology of endometrial cancer that should be further investigated.

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**ACCURACY OF MRI IMAGING IN PREOPERATIVE STAGE ASSESSMENT OF ENDOMETRIAL CANCER IN DETERMINING EXTENSION OF SURGICAL PROCEDURE**

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**Methodology**

Prospective data collection, cohort study of all patients ≥80 years old that underwent robotic surgery for the treatment of endometrial cancer (intermediate and high risk) in our centre between 1/1/2015 and 15/03/2022

**Results**

We reviewed 752 cases and identified 82 patients ≥80 years old with a mean age of 83 (80–91) years old. They have significant incidence of comorbidities: 80% cardiovascular disease, 29.1% diabetes, 19% chronic obstructive pulmonary disease. Mean BMI was 30 (range 18–45). 76% of them had previous abdominal surgery and 38.2% of them had a performance status (ECOG) ≥2. 24% of them had been treated for another cancer in the past. All comorbidity characteristics were statistically higher other than BMI, compared to the younger group of our patients in the same period. 60% underwent pelvic Lymphadenectomies and 22% sentinel lymph node biopsy; and 16.4% had positive lymph node identified and upstaged. 33% of them were discharged day 1 post op. Mean and median length of hospital stay was 3 and 2 days respectively. There was no difference in the minor post operative complication rate (9.8% vs 10%, p<0.05), but we observed 4.8% grade III-IV vs 2.8% (p>0.05). There were no 30-day post-operative deaths in none of the groups.

**Introduction/Background**

The preoperative stage assessment of endometrial cancer, determined by the FIGO staging system, is based on imaging and determines the extent of the surgical procedure. Uncertain situations or technical difficulties require MRI as a reference technique. In published papers the accuracy of this technique is done upon a high quality examination (expert radiologist in a reference center), whereas everyday practice shows otherwise. The aim of this retrospective cohort study is to evaluate the concordance between preoperative MRI data and final histopathological examination.

**Methodology**

A retrospective observational study of 106 patients operated for endometrial cancer was performed between July 2021 and February 2022. All patients included were women who had the primary radical surgery for all histological types. The exclusion criteria were lack of preoperative pelvic and abdominal MRI assessment. The final histopathological data from surgical operations were compared with preoperative imaging data.

**Results**

For deep myometrial infiltration the accuracy of MRI was 66.7%, sensitivity was 75%, specificity was 45.5%. For the cervical stroma infiltration the accuracy was 84.1%, sensitivity was 47.6%, specificity was 81.4%. For the parametrium...