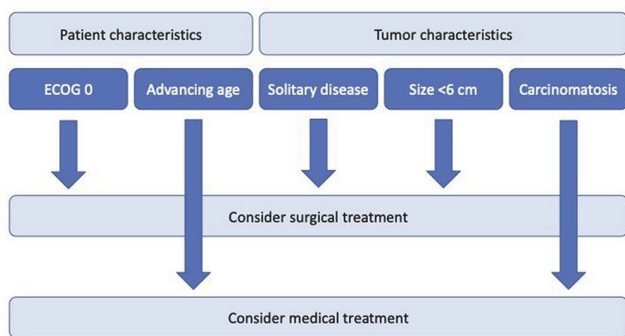


treatment. Primary outcomes included overall survival and progression free survival, secondary outcomes included factors associated with improved survival.

Results A total of 11 studies fulfilled the inclusion criteria, comprising 1146 patients. All studies were retrospective studies. Cytoreduction as part of treatment for recurrent endometrial cancer was associated with prolonged overall survival and progression free survival. Complete cytoreduction was an independent factor associated with improved survival. Other factors associated with prolonged survival were tumor grade 1, endometrioid histology, ECOG performance status 0, and isolated pelvic recurrences. Factors associated with obtaining complete cytoreduction included solitary disease, tumor size <6 cm and ECOG performance status 0. Previous radiotherapy was not associated with achieving complete cytoreduction.



Abstract 2022-RA-135-ESGO Figure 1

Conclusion Cytoreductive surgery may benefit patients meeting specific selection criteria based on a limited number of retrospective studies, with complete cytoreduction showing the largest survival gain. However, further prospective studies are needed to validate the survival benefit and aid in patient selection.

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PROGNOSTIC SIGNIFICANCE OF MOLECULAR GENETIC FACTORS IN ENDOMETRIAL CANCER. A MODERN APPROACH TO THE PROBLEM

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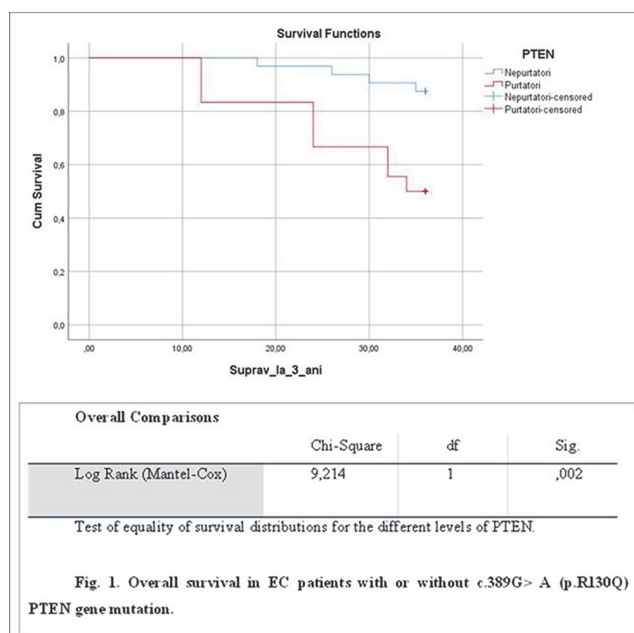
Introduction/Background Modern methods of studying DNA structure, including cluster analysis, make it possible to determine the genetic profile of tumors.

Methodology The prospective study was performed on 50 patients with EC in stages I and II. The study design includes the description of the first stage of the study, marked by the evaluation of clinical-morphological features and the second stage marked by research of genetic features: determination of c.389G> A (p.R130Q) PTEN gene mutation.

Results The rate of the presence of the c.389G> A (p.R130Q) PTEN gene mutation is shown in all 4 subgroups of

recurrence risk of patients with EC. The median survival time of patients with c.389G> A (p.R130Q) PTEN mutation was 15.7 ± 1.89 (95% CI [11.3–20.5]) months (95% CI 7–7 months), which did not differ (F = 0.005; p = 0.943) from mean time to progression in patients without mutations – 16.0 ± 3.97 (95% CI [12.0–28.0]) (figure 1).

Thus, the median survival time of patients in the low-risk group was 13.5 ± 3.37 (95% CI [9.0–18.0]) months, differing significantly from that in patients high risk – 15.8 ± 3.34 (95% CI [10.5–23.0]) months (F = 16.2; p = 0.891). Our research showed that group risk did not have an impact on the survival time of patients with PTEN mutation, this suggested that c.389G> A (p.R130Q) PTEN gene mutation may be regarded as a powerful prognostic factor for decreased survival time in patients with EC.



Abstract 2022-RA-166-ESGO Figure 1 Overall survival in EC patients with or without c.389G> A (p.R130Q) PTEN gene mutation

Conclusion This study showed that c.389G> A (p.R130Q) PTEN genetic mutation is strongly correlated with poor prognosis in EC patients. This may indicate that c.389G> A (p.R130Q) PTEN genetic mutation could be regarded as an important factor in the pathogenesis of EC. However, this finding is derived from small data in observational study, hence well conducted high-quality randomized trials are warranted.

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DOES ORDER OF ADJUVANT TREATMENT FOR HIGH RISK ENDOMETRIAL CANCER MATTER? A RETROSPECTIVE REVIEW

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