

**Introduction/Background** Endometrial cancer is the most common gynecologic malignancy in North America. Patients who are high risk for recurrence are treated with a combination of adjuvant chemotherapy and radiation. Previous reported outcomes have been based on giving adjuvant radiation first, followed by chemotherapy. At our institution, patients are treated with chemotherapy first, followed by radiation. The purpose of this study is to review our progression-free survival (PFS) outcomes and recurrence rates and compare to established outcomes in the literature.

**Methodology** A retrospective chart review was performed on patients diagnosed with endometrial cancer who received adjuvant chemotherapy and radiation between 2005–2017 at The Ottawa Hospital. Inclusion criteria for the study were stage III endometrial cancers of any histology, stage I-II serous or clear cell endometrial cancers and stage IV endometrioid adenocarcinomas. PFS was defined as the time from surgery to disease recurrence or death by any cause.

**Results** 140 patients were included. 52 (37.1%) had endometrioid histology, 75 (53.6%) serous, and 11 (7.9%) clear cell. 41 (29.3%) were stage 1 at diagnosis, 24 (17.1%) were stage 2, 68 (48.6%) were stage 3 and 7 (5.0%) were stage 4. 130 (92.9%) completed a total of 6 cycles of chemotherapy and 92% completed radiation following chemotherapy. The median follow-up time was 63.9 months. 7 (5%) of patients were diagnosed with locoregional recurrence alone, while 25 (17.9%) had a distant recurrence alone. The estimated mean 5 year PFS was 70.1% and OS was 67.9%.

**Conclusion** Our sample was predominantly serous and clear cell histology. When compared to the serous subgroup analysis of the PORTEC3 trial, our sample demonstrated an improved 5 year PFS, with a similar OS. In addition, we demonstrate that delaying radiation to after completion of chemotherapy results in low locoregional recurrence rates.

2022-RA-169-ESGO

#### CORRELATION BETWEEN TUMOR DISTANCE FROM SEROSA AND OF MYOMETRIAL INVASION IN ENDOMETRIAL CANCER MEASURED BY TRANSVAGINAL SONOGRAPHY

<sup>1</sup>Anis Cerovac, <sup>2</sup>Kenana Ljuca, <sup>3</sup>Dženita Ljuca. <sup>1</sup>Obs and Gyn, General Hospital Tešanj, Tesanj, Bosnia and Herzegovina; <sup>2</sup>School of Medicine, University of Tuzla, Tuzla, Bosnia and Herzegovina; <sup>3</sup>School of Medicine, Obs and Gyn department, University of Tuzla, Tuzla, Bosnia and Herzegovina

10.1136/ijgc-2022-ESGO.198

**Introduction/Background** The distance between the deepest invasion of the myometrium and serosa can be an alternative method of measurement and a better predictor of prognosis in the case when the degree of invasion is more difficult to determine due to the presence of leiomyoma or adenomyosis. The distance between endometrial cancer (EC) and serosa may be useful in predicting lymphovascular invasion, histological grade, lymph node metastasis, adnexal involvement, and uterine cervical invasion. The aim of this study was to determine the correlation between tumor distance from serosa (TDS) and degree of myometrial invasion (MI) in EC measured by transvaginal sonography (TVS).

**Methodology** A prospective study was done amongst 60 women with histopathologically proven EC. All women were subjected to TVS measurement of TDS and degree of MI.

All women are underwent total abdominal hysterectomy with bilateral adnexectomy for definitive histopathological diagnosis served as a reference method for assessment of TDS and MI.

**Results** The TDS in the group of patients with MI less than 50% was 1.15 ( $\pm$  0.56) cm, from 0.31 to 2.6 cm. In the group with MI greater than 50% it was 1.04 ( $\pm$  1.29) cm, from 0.1–7.0 cm. The difference in mean TDS was 0.11 cm between the two study groups and was statistically significant (Mann Whitney;  $Z$  = 2.05;  $p$  = 0.0394). In the total sample, the TDS was 1.1 ( $\pm$  0.94) cm, from 0.1–7.0 cm.

**Conclusion** Our study showed a clear and significant correlation between TDS and the degree of MI obtained by TVS, which was also confirmed by the gold standard, histopathologically diagnosis of surgical material. This might be helpful in assessment of MI in case when it is aggravated due to the presence of leiomyoma and adenomyosis.

2022-RA-170-ESGO

#### COMPARISON OF THE EFFECT OF LEVONORGESTREL-INTRAUTERINE SYSTEM WITH OR WITHOUT ORAL MEGESTROL ACETATE ON FERTILITY-PRESERVING TREATMENT IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA: A PROSPECTIVE, OPEN-LABEL, RANDOMIZED CONTROLLED PHASE I STUDY

<sup>1</sup>Zhiying Xu, <sup>2</sup>Bingyi Yang, <sup>2</sup>Weiwei Shan, <sup>2</sup>Jiongbo Liao, <sup>2</sup>Wenyu Shao, <sup>2</sup>Pengfei Wu, <sup>2</sup>Shuang Zhou, <sup>2</sup>Chengcheng Ning, <sup>2</sup>Xuezhen Luo, <sup>2</sup>Qin Zhu, <sup>2</sup>Hongwei Zhang, <sup>2</sup>Fenghua Ma, <sup>2</sup>Jun Guan, <sup>2</sup>Xiaojun Chen. <sup>1</sup>Department of Gynecology, Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China; <sup>2</sup>Obstetrics and Gynecology Hospital of Fudan University, Shanghai, China

10.1136/ijgc-2022-ESGO.199

#### Introduction/Background

**Objective** To compare the effect of levonorgestrel-intrauterine system (LNG-IUS) with or without oral megestrol acetate (MA) versus MA alone on fertility preserving treatment in patients with atypical endometrial hyperplasia (AEH).

#### Methodology

**Design** Single-center phase II study with open-label, randomized and controlled trial conducted between July 2017 and June 2020.

**Setting** Shanghai OBGYN Hospital of Fudan University, China

**Population** A total of 132 patients (18–45 years) with primary AEH were randomly assigned (1:1:1) to MA group (N=60), LNG-IUS group (N=60), or MA+LNG-IUS group (N=60).

**Methods** Patients received MA (160 mg orally daily), LNG-IUS, or MA+LNG-IUS (MA 160 mg orally daily plus LNG-IUS).

#### Main outcomes and measures

The primary endpoint was complete response (CR) rate at 16 weeks of treatment. The secondary endpoints were CR rate at 32 weeks of treatment, adverse events, recurrent rate, and pregnancy rate.

**Results** LNG-IUS group yielded higher 16-week CR rate than MA group ( $P=0.048$ ; Odds ratio [OR], 2.44; 95% confidence interval [95%CI], 1.00–6.00). MA+LNG-IUS group did not yield better 16-week or 32-week CR rates than MA group ( $P=0.245$ ;  $P=0.915$ ) or LNG-IUS group ( $P=0.419$ ;  $P=0.653$ ). LNG-IUS group achieved less weight gain, nocturnal urine, night sweats, insomnia, or edema face compared with the

other two groups. Recurrence rates and pregnancy rates showed no difference among the three groups.

**Conclusion** Our data support the usage of LNG-IUS as first line choice for fertility sparing treatment in AEH patients with proper uterine cavity size. LNG-IUS combined with MA did not provide better treatment effect than either LNG-IUS alone or MA alone.

This study was supported by the National Key Research and Development Program of China (Grant No 2019YFC1005200 and 2019YFC1005204), Shanghai Medical Centre of Key Programs for Female Reproductive Diseases (Grant No. 2017ZZ010616) and sponsored by Shanghai sailing program (Grant No.19YF1404200).

### 2022-RA-172-ESGO THE IMPACT OF COVID-19 PANDEMIC ON PATTERNS OF CARE OF ENDOMETRIAL CANCER PATIENTS

<sup>1</sup>Giorgio Bogani, <sup>2</sup>Violante Di Donato, <sup>3</sup>Giovanni Scambia, <sup>2</sup>Pierluigi Benedetti Panici, <sup>4</sup>Fabio Landoni, <sup>5</sup>Francesco Raspagliesi, The Italian Gynecologic Oncology group. <sup>1</sup>Gynecologic Oncology, University La Sapienza, Rome, Italy; <sup>2</sup>University La Sapienza, Rome, Italy; <sup>3</sup>Policlinico Gemelli, Rome, Italy; <sup>4</sup>Università Bicocca – Policlinico di Monza, Monza, Italy; <sup>5</sup>Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy

10.1136/ijgc-2022-ESGO.200

**Introduction/Background** COVID-19 outbreak has correlated with the disruption of screening activities, regular follow up visits, and diagnostic assessments. The risk of misdiagnosis and delayed diagnosis has consequently increased during the pandemic. Endometrial cancer is one of the most common gynecological malignancies and it is often detected at an early stage, because it frequently produces symptoms (e.g. abnormal vaginal bleeding). Here, we aim to investigate the impact of COVID-19 outbreak on patterns of presentation and treatment of endometrial cancer patients.

**Methodology** This is a retrospective study involving 53 centers in Italy. We evaluated patterns of presentation and treatment of endometrial cancer patients before (period 1: from 03/01/2019 to 02/29/2020) and during (period 2: from 01/04/2020 to 3/31/2021) the COVID-19 outbreak.

**Results** Medical records of 5,117 endometrial cancer patients have been retrieved: 2,688 and 2,429 women treated in period 1 and period 2, respectively. The prevalence of endometrioid International Federation of Obstetrics and Gynecologists (FIGO) grade 1, 2, and 3 was consistent over the study period ( $p=0.769$ ). However, the prevalence of non-endometrioid endometrial cancer was lower in period 1 than in period 2 (15.7% vs. 17.9%;  $p=0.015$ ). Nodal assessment was omitted in 684 (27.3%) and 478 (21%) patients treated in period 1 and 2, respectively ( $p<0.001$ ). While, the prevalence of patients undergoing sentinel node mapping (with or without backup lymphadenectomy) has increased during the COVID-19 pandemic (46.8% in period 1 vs. 53.1% in period 2;  $p<0.001$ ). Adjuvant therapy was omitted in 1,269 (50.5%) and 1,019 (44.9%) patients receiving treatment in period 1 and 2, respectively ( $p<0.001$ ). Adjuvant therapy use has increased during the COVID-19 pandemic ( $p<0.001$ ).

**Conclusion** Our data suggest that the COVID-19 pandemic had a significant impact on the characteristics and patterns of care of endometrial cancer patients. These results highlight the need to implement healthcare services during the pandemic.

### 2022-RA-179-ESGO

### IMPACT OF MORBID OBESITY ON THE OUTCOMES OF TYPE II ENDOMETRIAL CANCER: A COHORT STUDY

<sup>1</sup>Khaled Gaballah, <sup>2</sup>Islam Metwally, <sup>2</sup>Basel Refky, <sup>2</sup>Basel Refky, <sup>2</sup>Mohamed Abdelkhalek, <sup>2</sup>Mohamed Hamdy. <sup>1</sup>Surgical Oncology, oncology center Mansoura University, Mansoura, Egypt; <sup>2</sup>Oncology Center Mansoura University, Mansoura, Egypt

10.1136/ijgc-2022-ESGO.201

**Introduction/Background** Obesity has long been associated with endometrial cancer. However, there is a paucity of studies addressing the impact of morbid obesity in type II endometrial cancer on oncologic and surgical outcomes.

**Methodology** This is a retrospective cohort study on patients who had been surgically treated in Oncology Center Mansoura University (OCMU) for type II endometrial cancer. A total of 62 patients were retrieved in the period from January 2014 till January 2019. The basic epidemiologic and clinicopathologic data were collected and thereafter the patients were arranged on two arms with a cut-off point BMI =40 Kg/m<sup>2</sup>. The two arms were compared regarding epidemiologic, clinicopathologic criteria and outcomes (surgical and oncological).

#### Results

**Sixty-two patients were retrieved.** The mean age of the studied population was 64.7 +/- 6.8, and the mean BMI was 36.7 +/- 7.2 Kg/m<sup>2</sup>. The commonest pathologic type was high grade endometrioid, followed by serous, carcinosarcoma and lastly clear cell. Regarding the surgical outcome there was significantly higher incidence of vaginal margin infiltrated margin among morbid obese patients (.040). However, complications, nodal status, recurrence and survival were comparable as well as disease free survival and overall survival. Para-aortic adenopathy and treatment with preoperative therapy were the only significant predictors of DFS.

**Conclusion** Surgery is feasible with equivalent complications and oncologic outcomes in morbidly obese patients with type II endometrial cancer.

### 2022-VA-182-ESGO

### MAY TRANSVAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY VNOTES SENTINEL LYMPH NODE BIOPSY BE THE FUTURE OF ENDOMETRIAL CANCER SURGERY?

<sup>1</sup>Chan Comba, <sup>2</sup>Gokhan Demirayak, <sup>3</sup>Sema Karakas, <sup>4</sup>Isa Aykut Ozdemir. <sup>1</sup>Gynecologic Oncology, Istanbul Aydin University, Istanbul, Turkey; <sup>2</sup>Gynecologic Oncology, Sisli Memorial Hospital, Istanbul, Turkey; <sup>3</sup>Gynecologic Oncology, Bakirkoy Dr Sadi Konuk Training and Research Hospital, University of Health Sciences, Istanbul, Turkey; <sup>4</sup>Gynecologic Oncology, Medipol University Hospital, Istanbul, Turkey

10.1136/ijgc-2022-ESGO.202

**Introduction/Background** Transvaginal natural orifice transluminal endoscopic surgery (VNOTES) is being used with increasing frequency in gynecology and has advantages such as quick return to normal life and less pain. The sentinel lymph node concept has been accepted in recent guidelines in endometrial cancer. We have shown this approach can be applicable for sentinel lymph node dissection in patients with endometrial cancer.

**Methodology** We will show step by step video demonstration. 1. to make incision to vagina 2. injection of ICG 2. to install trans vaginal access platform 3. to develop retroperitoneal space 4. detection of the sentinel lymph node 5. Removal of