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 patients were subjected to TVS measurement of TDS and degree of MI. When compared to the serous subgroup analysis, 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.

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.
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.

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

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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 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 grade endometrioid was 64.7 +/- 6.8, and the mean BMI was 36.7 +/- 7.2 Kg/m2. The commonest pathologic type was high grade endometrioid, followed by serous, carcinosarcoma and finally clear cell.Regarding the surgical outcome there was significantly higher incidence of vaginal margin infiltrated margin among morbid obese patients (0.40). 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-RA-179-ESGO  IMPACT OF MORBID OBESITY ON THE OUTCOMES OF TYPE II ENDOMETRIAL CANCER: A COHORT STUDY

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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/m2. 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/m2. The commonest pathologic type was high grade endometrioid, followed by serous, carcinosarcoma and largely clear cell. Regarding the surgical outcome there was significantly higher incidence of vaginal margin infiltrated margin among morbid obese patients (0.40). 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 TRANSGESTATIONAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY VNOTES SENTINEL LYMPH NODE BIOPSY BE THE FUTURE OF ENDOMETRIAL CANCER SURGERY?

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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