

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

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

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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 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

¹Khaled Gaballah, ²Islam Metwally, ²Basel Refky, ²Basel Refky, ²Mohamed Abdelkhalik, ²Mohamed Hamdy. ¹Surgical Oncology, oncology center Mansoura University, Mansoura, Egypt; ²Oncology Center Mansoura University, Mansoura, Egypt

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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 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?

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

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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