the sentinel lymph node. vNOTES hysterectomy 7. Closure
of the incisions
Results The approach has performed for three patients with
endometrial cancer until today. No complication was detected.
All of them discharged postoperative day 1. Blood loss were
under 50 ml. One of these patients was at stage IIIIC1 treated
with chemoradiotherapy, and the other two were at stage IA
endometrioid type were under observation. No recurrence was
found.
Conclusion VNOTES sentinel lymph node dissection may be
an alternative approach of treatment for patients with endo-
metrial cancer.

COST-EFFECTIVENESS OF MOLECULAR
PROFILING FOR ENDOMETRIAL
NEOPLASIA: A SINGLE INSTITUTION
EXPERIENCE

Introduction/Background Endometrial cancer (EC) is the most
general gynaecologic malignancy in developed countries. Hy-
sterectomy remains the first-line treatment with pelvic lymph
node staging being performed routinely. FIGO stage is central
to define patients prognosis and their treatment planning.
Molecular classification of EC includes 4 subtypes: POLE-ultramutated, mismatch-repair protein deficient (MMRd), p53-
mutant and no specific molecular profile. Over the last three
years, we have progressively implemented a detailed molecular
screening for patients with EC and their risk stratification.
Herein, we evaluate the global cost-effectiveness of this
approach.
Methodology We conducted a monocentric retrospective study
of 166 consecutive patients treated for EC at the University
Hospital of Liège, between January 2019 and December 2021.
Twenty-seven patients were excluded. Of the remaining 139,
87 patients had a complete immunochemistry and molecular
biology for p53, MMR and POLE. Fifty were classified as
low or intermediate risk, 15 as high-intermediate risk, 19 as
high-risk due to FIGO stage III alone, 2 patients
changed prognostic risk group from high-intermediate to high
risk due to p53 mutation alone. However, the adjuvant treat-
ment (external beam radiotherapy) decision was not modified
due to the biomolecular profile. One patient with POLE-
mutated EC was classified and treated as high-risk because of
FIGO stage IIIIC1.
Conclusion In our experience, molecular analysis changes the
prognostic risk group in a limited number of cases and does
not impact the final adjuvant treatment prescription. FIGO
stage remains of primary importance in our treatment
decisions. Had we performed p53 analysis by immunohisto-
chemistry alone exclusively in low/intermediate-risk patients
and microsatellite instability (MSI) testing only if patients were
MMRd, €52,777 would have been saved without theoretical
oncological compromise.

LAPAROSCOPIC VERSUS OPEN
HYSTERECTOMY IN TYPE I ENDOMETRIAL
CANCER, A TERTIARY REFERRAL CENTER
EXPERIENCE

Introduction/Background Surgery had been considered the cor-
nerstone in the management of endometrial cancer especially
in early stages. The use of minimally invasive surgeries in
patients with endometrial cancers has been widely adopted
worldwide. In this study, we discuss the outcomes of type I
endometrial cancer patients who underwent laparoscopic hys-
terectomy at our center.
Methodology This is a retrospective cohort study on type I
endometrial cancer patients who had been surgically treated in
Oncology Center Mansoura University (OCMU) in the period
from January 2014 till January 2019. The basic epidemiologic
and clinicopathologic data were collected, thereafter the
patients were arranged into two arms according to the surgical
approach used whether open or laparoscopic. The two arms
were compared regarding epidemiologic, clinicopathologic cri-
teria, and outcomes (surgical and oncological).
Results Patients were categorized into 2 groups; open surgery
group (59 patients) and laparoscopy group (60 patients).
There was no significant difference between both groups as
regards the epidemiologic and clinicopathologic parameters.
There was no statistical difference between the 2 groups in
the stage of tumor according to FIGO staging. Operative time
was significantly longer in the laparoscopy group in compar-
ison to the open surgery group (p < 0.0001).
Conclusion The results in this study support the use of laparo-
scopy in early stage type I endometrial cancers without com-
promising the oncological outcomes regarding the disease free
and overall survival. We encourage further prospective multi-
center randomized trials to consolidate these results.

RISK FACTORS AND PATTERNS OF
RECURRANCE IN PATIENTS WITH LOW-RISK
ENDOMETRIAL CANCER

Introduction/Background More than half of all endometrial
cancers are diagnosed as early stage low-risk, and are treated
Methodology

Patients who diagnosed with endometrial cancer after hysterectomy at Seoul St. Mary’s hospital and St. Vincent hospital from 2009 to 2019 were identified. The inclusion criteria are as follows: FIGO stage Ia; endometrioid adenocarcinoma grade 1–2; and no lymphovascular space invasion. Exclusion criteria are those who received postoperative adjuvant treatment. Survival was analyzed using Kaplan-Meier method, and significance was confirmed using the log-rank test. Multivariate analysis was performed using the Cox proportional hazards regression method.

Results

A total of 391 patients were included and the median follow-up period was 53 months. Of those, 22 (5.6%) had recurrence, and 5 (1.3%) died of disease. Multivariate analysis identified menopause and tumor grade 2 as independent risk factors for recurrence. Of note, 10 of 62 patients (16.1%) with both risk factors relapsed, suggesting that postoperative adjuvant therapy could be considered for these patients. The most common sites of recurrence are vaginal stump and lung (7/22, 31.8%). In vaginal stump recurrence, the median time to recurrence was shorter than that of other sites (30 vs 15 months, p = 0.002), and 71.4% (5/7) were isolated recurrence. Median time to recurrence was 31 and 25 months for G1 and G2, respectively (p = 0.130).

Conclusion

We identified menopause and tumor grade 2 as risk factors for recurrence in early stage low-risk endometrial cancer. Since lung is one of the most common sites of recurrence and usually does not develop symptoms, routine check during follow-up is required.

Methodology

The relevance of cell cycle regulatory markers with uterine carcinosarcoma was investigated.

Methodology

The immunohistochemical expression of p16, p53, and cyclin D1 were assessed using tissue microarray of 55 eligible patients.

Results

p16 and p53 showed a high rate of strong (+3) immune reaction in carcinomatous/sarcomatous components (61.8%/70.9% and 52.7%/56.4%, respectively). Cyclin D1 showed a 14.5%/7.3% of strong immune reaction in the carcinomatous/sarcomatous components. Strong expression of p16 was related to a higher rate of lymph node metastasis and a bigger tumor size. Strong expression of cyclin D1 was related to the lower International Federation of Gynecology and Obstetrics (FIGO) stage. In univariate regression analysis, FIGO stage, lymph node metastasis, p16, and cyclin D1 were prognostic factors for disease-free survival. FIGO stage, p16, p53, and cyclin D1 were prognostic factors for overall survival. In a multivariate regression analysis, FIGO stage and p16 in carcinomatous component were independent factors for both disease-free survival (odds ratio [OR], 95% confidence interval [CI]; 3.5 [1.2–10.3] and 3.5 [1.3–9.9]; P = 0.026 and 0.016) and overall survival (OR, 95% CI; 2.3 [1.0–5.1] and 2.9 [1.1–7.8]; P = 0.042 and 0.037).

Conclusion p16 was a predictor of lymph node metastasis, tumor size, and prognostic outcome in uterine carcinosarcoma.