the histological type (p=0.036), tumor grade (p=0.009), depth of myometrial invasion (p=0.018), serous invasion (p=0.003), cervical invasion (p=0.013), lymphovascular space invasion (LVI) (<0.0001) and tumor necrosis (<0.0001). On multivariate analysis, independent factors of LN metastasis were the presence of LVS (OR=0.312, 95% CI=0.012–0.533, p=0.041), tumor necrosis (OR=0.431, 95% CI=0.111–0.668, p=0.041) and serous invasion (OR=0.264, 95% CI=0.028–0.690, p=0.034).

Conclusions LN metastasis represents an independent prognostic factor for survival, a nomogram based on histological and clinical characteristics could lead to a better detection of patients with high risk of LN metastasis.

Objectives Although endometrial carcinoma (EC) is generally considered to have a good prognosis, quarter of patients will present with extraterine disease. This variability of evolution may be due to interaction between tumor cells and the tumor microenvironment. This study specifically provided and overview of the expression of immune T cells in EC.

Methods We retrospectively analyzed by immunohistochemistry 24 patients with EC. Membranous expression of CD4 and CD8 and nuclear expression of FOXP3 were analyzed in T cells infiltrating the tissues in three independent high-power representative microscopic fields of the stained slides. Clinico-pathological characteristics were recorded.

Results Patients mean age range was 63.9 years. CD4, CD8 and FOXP3 markers were significantly expressed in EC tissues in both the tumor nests and the surrounding stroma. Interestingly, high CD8 positive cells were reported in EC (median 17) compared to CD4 and FOXP3 (not exceeding a median of 2) suggesting a high cytotoxic T cell infiltration. CD8 high expression was found in patients with early stages (I+II), those with low grades (I+II), and in patients without metastatic nodes.

Conclusions Our preliminary results showed a high expression of T cells infiltrating the tumor in EC. High tumoral density of CD8+ T infiltrating tumor in early stages and low grades emphasizes the role of CD8+ T cells in the control of tumor progression. Our study should be consolidated in a larger cohort and completed by further functional analysis to establish the implication of infiltrating T cells in EC.

Objectives To evaluate the accuracy of preoperative magnetic resonance imaging (MRI) to detect cervical extension, depth of myometrial invasion, and lymph node involvement in patients with endometrial cancer.

Methods We retrospectively reviewed 50 cases of women with endometrial cancer, who underwent preoperative MRI assessment and surgical staging over a period of 2 years (2019–2021). The MRI findings were then compared with the post-operative histopathological findings that served as reference standards.

Results The sensitivity, specificity, positive (PPV) and negative predictive values (NPV) of MRI for differentiation between deep myometrial invasion and superficial myometrial invasion were 100%, 58.33%, 72.22%, and 100% respectively. The sensitivity, specificity, PPV and NPV were 17.39%, 85.19%, 50% and 54.75% for cervical invasion and 72.73%, 60.61%, 38.1 and 86.96% for lymph node metastasis, respectively. There was a significant correlation between preoperative FIGO-MRI staging and FIGO-histological staging (p<0.0001).

Conclusions Pre-operative MRI has the advantage of making the pretreatment information about myometrium invasion and lymph node status allowing planning for the scale of surgery and preoperative counseling.
G negative (mean survival = 48 and 84 months, respectively) with significance trend (log-rank p=0.09).

Conclusions Our preliminary data suggest that HLA-G expression in EC may be potentially predictive of extratubal metastases which are more observed in patients with more than 50% myometrial invasion. Likewise, this expression should be considered as prognostic indicator. This parameter should be evaluated to ensure better management of these patients.

EP164/#182 THE EFFECT OF UTERINE ENDOMETRIAL ADENOCARCINOMA DIAGNOSIS ON PATIENT’S WEIGHT-RELATED OUTCOME

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Objectives To follow the BMI change during the routine surveillance of endometrial cancer patients with its effect on the oncological outcome.

Methods Data on patients with endometrial adenocarcinoma that had staging procedure and continued oncologic follow up was retrospectively collected. BMI at time of surgery and during the last clinic follow-up were compared. Univariate and multivariate analysis were performed to examine the effect of predictors on BMI change and the chance of recurrence.

Results 211 patients met the inclusion criteria. The majority of patients had stage 1 disease (n=176, 83%) and endometriod histology (n=178, 84%), Median follow-up time was 52.5 (SD 40) months. The mean BMI was 30.6 (IQR 25–34) kg/m2 at surgery compared to 31.2 (IQR 26–36) kg/m2 at last follow up (p<0.001). The BMI change in patients with non-endometriod histology was not significant. The BMI increase was most pronounced in patients with endometriod histology that were diagnosed with recurrence during follow up, 30.6 (IQR 24–35) kg/m2 at surgery compared to 32.7 (IQR 27–36) kg/m2 at last follow-up (p=0.016). On multivariate analysis, age OR 1.07 (1.001–1.141), p=0.04 and Delta BMI OR 1.37 (1.123–1.68), p=0.002 were the only predictors to have an effect on recurrence.

Conclusions Patients with endometriod endometrial cancer that increased their weight during follow up were at an increased risk for cancer recurrence compared to patients that did not change or decreased their weight. Active lifestyle intervention should be advocated.

E-poster viewing: Fertility/pregnancy

EP165/#859 PREGNANCY ASSOCIATED BREAST CANCER (PABC): MANAGEMENT AND OBSTETRICAL OUTCOMES

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Objectives We aim to study the impact of the diagnosis of the PABC on the pregnancy outcome and to report the characteristics of the management of breast cancer during the pregnancy.

Methods It is a retrospective study. We included all patients diagnosed, at our institution, during a 10-year period (2011-2020), with PABC defined as breast cancer diagnosed during pregnancy or in the first postpartum year. We collected the data regarding the epidemiological, clinical, imaging, pathological, obstetrical, and oncological management strategies and outcomes.

Results PABC was confirmed in 33 patients. The average age at the diagnosis was 35.58 years [23–47]. The average term of pregnancy at the time of PABC diagnosis was 19.35 weeks of amenorrhea (WA) [6–38]. The mean tumor size was 48 mm [10–130], and 21.21% had more than one lump. Axillary lymph nodes were present in 46.9%. The most common histological type is invasive ductal carcinoma no specific type (IDC-NST) (75.8%). The luminal B (53.1%) and the triple-negative (28.1%) were the two most expressed profiles. The pregnancy was terminated in 44.6%, and the average term of delivery was 36 WA [26–39]. We report a case of stillbirth prior to any therapy. The mean weight of newborns was 3045g [870–3880] and no malformation was reported after chemotherapy. Five patients started chemotherapy during pregnancy. Breast surgery was performed after the delivery in 90.9% (66.66% mastectomy).

Conclusions PABC is a particular entity among breast cancer that needs a multidisciplinary team to ensure the best outcome for both the patient and the pregnancy.

EP166/#880 A GYNAECOLOGICAL ONCOFERTILITY SERVICE – THE SINGAPOREAN EXPERIENCE

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Objectives Increasingly, gynaecological cancers are diagnosed in young women who desire future fertility. In light of this trend, KK Women’s and Children’s Hospital, Singapore’s largest women’s hospital, established a first-of-its-kind oncofertility service for gynaecological malignancies in Singapore in September 2020. This service aims to provide women with gynaecological cancers individualized treatment options with a focus on fertility preservation.

Methods Women diagnosed with or suspected to have gynaecological malignancies were seen in the OncoFertility Clinic (OFC). Through joint consultation with a gynaecological oncologist and fertility specialist, holistic counselling on fertility sparing cancer treatment and fertility preservation options was provided. Early referrals to endocrinologists, weight management clinics, psychologists and medical social workers ensured that comorbidities such as diabetes mellitus and obesity were controlled and adequate psychosocial support was given.

Results 92 women were reviewed in the OFC over a 20-month period. The median age was 33 (range 15 to 45). 42 women had endometrial/uterine pathology, 48 ovarian masses, and 2 had cervical disease. 8 patients eventually underwent definitive non-fertility sparing surgery. Of the 19 patients who were actively trying to conceive, 14 were referred for assisted...