



Abstract #171 Figure 1 Survival according to different strategies

Introduction/Background To investigate the impact of performing a sentinel lymph node biopsy, a systematic lymphadenectomy, or no lymphadenectomy, in patients with intermediate, intermediate-high- and high-risk endometrial cancer in postoperative diagnosis in early stages.

Methodology Observational, longitudinal, analytical, and retrospective study. A total of 136 patients operated between January 2006 and March 2023, were reviewed. 22 patients with preoperative study of low risk: 6 patients underwent only sentinel lymph node biopsy (SLNB), 5 patients SLNB and pelvic lymphadenectomy (P-LND), and 11 without lymphadenectomy (No-LND). 114 patients with myometrial infiltration >50%, type II or G3 in the preoperative study: 44 patients underwent P-LND and 70 pelvic and paraaortic lymphadenectomy (P-Pa-LND). All patients received the adjuvant treatment decided in the Tumor Committee. Progression-free survival (PFS) and overall survival (OS) were estimated in the four groups.

Results The mean follow-up was 73 months. The mean of removed pelvic lymph nodes was 22 nodes (SD 9.3) and 22.8 (SD 10.3) para-aortic lymph nodes. Pelvic lymph nodes metastasis was observed in 27 cases (24.3%) and 17 cases (24.3%) in para-aortic nodes. In 6 cases para-aortic nodes were positive with negative pelvic lymph nodes (6/50 cases, 12.2%). Considering the P-Pa-LND as standard, no statistically significant differences were found in PFS respected to No-LND (HR: 0.5, 95% CI 0.1-1.7, p=0.27), SLNB (HR: 0.04, 95% CI 0-49.9, p=0.37) and P-LND (HR: 0.65, 95% CI 0.3-1.3, p=0.23); and in OS, respected to No-LND (1.42, 95% CI 0.3-5.3, p=0.6), SLNB (HR: 0.04, p=0.5) and P-LND (HR 1.39, 95% CI 0.5-3.2, p=0.44).

Conclusion It has not been observed that performing different extended lymphadenectomy in intermediate to high-risk endometrial cancer in early stages worsens patient survival.

Disclosures There were no statistically significant differences between cases with lymph node metastasis and those without metastasis (Log Rank p=0.4; HR: 1.48, 95% CI 0.5-3.8, p=0.41).

Introduction/Background The aim of this study was to analyze the incidence of postmenopausal bleeding (PMB) associated to the massive COVID-19 vaccination.

Methodology A retrospective observational cohort study was conducted in a single institution. All postmenopausal women who underwent an endometrial biopsy between February 2021 and January 2022 were included. Patients were classified in two groups: vaccinated or unvaccinated, according to the time between the last COVID-19 vaccine dose and the PMB or the endometrial biopsy in no PMB cases (a 30-day risk window was established).

Results 381 patients were included, 91 in the vaccinated group and 290 in the unvaccinated group. The incidence of PMB in the vaccinated group was 75.8% compared to 59.0% in the unvaccinated group (p<0.005).

Conclusion In this study, a higher incidence of PMB was associated to COVID-19 vaccine. Therefore, COVID-19 vaccines seem to be safe on this population and clinical and gynecological management should be adjusted when attending these cases.

Disclosures No disclosures

#183 **EXPLORING ENDOMETRIAL CANCER CONVERSATIONS ON INSTAGRAM: INSIGHTS FROM A STUDY BY THE EUROPEAN NETWORK OF YOUNG GYNAECOLOGIC ONCOLOGISTS (ENYGO)**

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#179 **DOES THE COVID-19 VACCINATION INCREASE POSTMENOPAUSAL BLEEDING?**

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Introduction/Background Social media represents a strong instrument to share and divulge information targeting people of different ages and backgrounds. Little is known regarding how social media may impact patients' understanding and acceptance of their disease, large-scale screening and health care improvement. Due to the rising incidence of endometrial cancer globally, we aimed to understand the extent of posts regarding this disease on Instagram, one of the most used social media platforms.

Methodology We collected and analysed the number of Instagram posts for the following hashtags: #uterinecancer, #endometrialcancer, and #wombcancer from the launch of Instagram (October 2010) to May 5th, 2023. Moreover, using the Instagram algorithm, we highlighted the two top posts for each used hashtag.

Results We identified 83.670 posts related to endometrial cancer. More specifically, 48.597 posts for #uterinecancer, 28.234 posts for #endometrialcancer and 6.839 posts for #wombcancer. The most rated post on endometrial cancer belonged to a scientific research alliance providing an informative description of the disease, whereas the second top post consisted of a cancer-related nutritional advices' advertisement for patients. Figure 1 summarises the most frequent words gathered from the top post comments. It shows that endometrial cancer posts are usually linked to everyday life factors according to patients' point of view: hormonal changes, stressful life, hormonal therapy, and childbearing.



Abstract #183 Figure 1 The word cloud of the top ranked post on endometrial cancer

Conclusion In conclusion, Instagram may be considered a crucial social media platform for patients with endometrial cancer to obtain information regarding their disease.

Disclosures None

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MALIGNANT MIXED MULLERIAN TUMOUR OF THE UTERUS: ANALYSIS OF 80 CASES FROM A SINGLE ACADEMIC INSTITUTION

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Introduction/Background The aim of our study was to evaluate the clinicopathological features and prognostic factors of uterine mixed muller malignant tumor (MMMT).

Methodology In this retrospective study, the clinical characteristics patients with uterine MMT were evaluated. Survival curves were estimated by the Kaplan-Meier method and compared by the log-rank est.

Results Eighty patients with uterine carcinosarcoma were referred at University of Bari between 1995 and 2022. Their median age was 66.5 years. All women underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. Twenty-five percent had also omental resection. Pelvic lymphadenectomy was performed in 18% of the cases. The distribution by FIGO stage showed 21% in stage I (8% in stage IA and 13% in stage in stage IB), 35% in in stage II, 35% in stage III and 9% in stage IV. Adjuvant chemotherapy was administered to 54 patients (67%). Disease recurrence was observed in 26 cases (32%). The disease-free interval, defined as the time interval between the end of the first line of chemotherapy and the appearance of recurrence or distant metastases, was 23 months. The median overall survival was 103 months.

The evaluation of survival according to FIGO stage, histological type, tumour size, chemotherapy regimen, pelvic lymphadenectomy, and myometrial invasion provided results not statistically significant for prognostic purposes. However, no statistical differences were observed after adjusting for FIGO stage. Only tumour histotype was found to be a decisive element for prognostic evaluation after adjusting for stage: patients with homologous-type MMT demonstrated a survival advantage in an advanced stage compared to an early stage.

Conclusion Uterine MMT is an aggressive tumour, often diagnosed at an advanced stage and with a high rate of metastases or recurrences. Because of its rarity, its management is controversial and fixed prognostic factors cannot be defined.

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THE ROLE OF HISTOLOGICAL AND MOLECULAR FEATURES IN PREDICTING THE RISK OF NODAL DISEASE IN ENDOMETRIAL CANCER: A PROSPECTIVE STUDY

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Introduction/Background To assess the role of histopathological and molecular features in predicting the risk of nodal metastases in apparent early-stage endometrial cancer (EC) patients undergoing sentinel node mapping.

Methodology This is a prospective multicenter trial. Consecutive patients with apparent early-stage EC undergoing laparoscopic hysterectomy, bilateral salpingo-oophorectomy, and sentinel node mapping were enrolled. Histological and molecular features were recorded at the final pathological evaluation and were used to predict node positivity.

Results Charts of 210 EC patients were evaluated. The study population included 178 (85%) and 32 (15%) patients with endometrioid and non-endometrioid EC, respectively. According to conventional pathological uterine characteristics, 94, 46,