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 advice’s 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.

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

#206 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 MMMT 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 IB), 35% 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.

Conclusion Uterine MMMT 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.

Disclosures No disclosure

#207 THE ROLE OF HISTOLOGICAL AND MOLECULAR FEATURES IN PREDICTING THE RISK OF NODEAL 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,
41, and 32 were classified as low, intermediate, intermediate-high, and high-risk, respectively. According to molecular classification 10 (5%), 42 (20%), 57 (27%), and 101 (48%) were included in the POLE mutated, p53 abnormal, MMRd/MSI-H, and NSMP, respectively. Overall, 41 (19.5%) patients were detected with positive nodes. Molecular features were not associated with the risk of having nodal metastases (OR: 1.03 (95%CI: 0.21, 5.95; p=0.969) for POLE mutated; OR: 0.788 (95%CI: 0.32, 1.98; p=0.602) for p53 abnormal; OR: 1.14 (95%CI: 0.53, 2.42); p=0.733 for MMRd/MSI-H). At multivariate analysis, only myometrial invasion (OR: 3.33 (95%CI: 1.40,7.80); p=0.006) and LVSI (OR: 6.03 (95%CI: 2.56, 15.4); p<0.001) correlated with nodal status. A nomogram evaluating the impact of pathological and molecular features on nodal status was built (C-index 0.78).

Introduction/Background Surgical staging of endometrial cancer (EC) serves to allocate women with lymph node metastases to adjuvant treatment. Sentinel lymph node (SLN) mapping has shown high accuracy to detect lymph node metastases in women with EC of low- or intermediate-risk (LR or IR) of lymph node metastases. The SENTIREC-endo study aims to investigate risks and benefits of a national protocolled adoption of SLN mapping to women with LR and IR EC, in a real-life clinical setting.

Methodology Preceded by a surgeon proficiency study, we performed a national multicenter prospective study of SLN-mapping in women with LR and IR EC from March 2017-February 2022. Postoperative complications were classified according to Clavien-Dindo. Lymphoedema was evaluated by validated patient-reported outcome measures at baseline and three months postoperatively. The Lymphoedema score was linearly transformed from 0 to 100 according to guidelines. Lymphoedema was assessed as a mean difference score and as incidence of swelling and heaviness, scores were compared using paired t-test.

Results 627 women were included in the analyses, 458 with LR- and 169 with IR EC. The SLN detection rate was 94.3% (591/627). The overall incidence of lymph node metastases was 9.3% (58/627), 4.4% (20/458) in the LR- and 22.5% (38/169) in the IR group. Only 0.3% (2/627) experienced an intraoperative complication associated with the SLN procedure. The incidence of postoperative complications was 8% (50/627). The mean difference score of lymphoedema was below the threshold for clinical importance 4.3/100 (95%CI 2.6–5.9). The incidence of leg swelling and heaviness was low, 5.2% and 6.1%, respectively.

Conclusion SLN mapping is a safe staging procedure in women with EC of LR and IR, carrying a very low risk of early lymphoedema, perioperative- and postoperative complications. The national change of clinical practice contributed to a more correct treatment allocation for both risk groups and thus supports further international implementation.

Disclosures There are no conflicts of interest to disclose.