Conclusions

Comparative analysis of molecular data in the two subtypes of CE reveals major differences in the mutational profile. A higher frequency of deletions with the displacement of the reading frame is observed in the SI cohort. TMB index in IM reveals tumors with MI have a better response to treatment with immune checkpoint inhibitors.

Disclosures

None

#247 UTILITY OF CA125 AND HE4 IN PATIENTS SUFFERING FROM ENDOMETRIAL CANCER

Elham Saffarieh*. Imam khomeini hospital keshavarz Blvd, Tehran, Iran
10.1136/ijgc-2023-ESGO.295

Introduction/Background

Uterine Endometrial cancer is the most common malignancy of female reproductive system. There are various opinions about Pelvic and para-aortic lymphadenectomy during surgical staging in endometrial cancer. Several oncologists believe that total lymphadenectomy may lead to several surgical morbidities without any significant benefits for more surveillance. Especially in patients who had comorbidities. The purpose of this study is to investigate the correlation between serum level of tumor markers with stages, histological types, grade, myometrium invasion and lymph nodes involvement in patients.

Methodology

A total of 131 participants with EC enrolled in this cross sectional research, preoperative serum levels of CA125 and HE4 were measured in patients one week before surgery. Then, stages, grade and lymph nodes involvement were recorded based on pathological findings. After analyzing via SPSS software, P value < 0.05 was considered significant.

Results

131 patients with endometrial cancer (70 patients with stage IA, 31 stage IB, 15 stage II, 15 stage III) were analyzed. The serum levels of CA125 and HE4 were significantly higher in higher stages (more than IA), (p = 0.016 and p = 0.004 respectively). Both of tumor markers levels were significantly higher in patients with lymph node involvement, cervical invasion and myometrium invasion. In logistic regression we found significant correlation between HE4 (OR = 1.005, P = 0.035) and grade (OR = 2.137, P = 0.005).

Conclusion

HE4 and CA125 are useful for predicting high risk patients. We found sensitivity 64% and specificity 60% at cut off of 70 pmol/l of HE4 for stage IA versus stage >IA. Although we have not found ideal cut off which is defined as higher than 80%, but such a 60% cut off also can be considerable for preoperative evaluation of endometrial cancer surgical staging.

Disclosures

This study was done by Tehran university of medical sciences grant.

#250 RESULTS OF HORMONE THERAPY FOR ENDOMETRIAL CANCER STAGE 1A IN WOMEN OF REPRODUCTIVE AGE

Olga P Matylevich*, Alena G Milishkevich, Sviatlana Y Shelkovich. 1NN Alexandrov National Cancer Centre of Belarus, Minsk, Belarus; 2Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus
10.1136/ijgc-2023-ESGO.296

Introduction/Background

Hysterectomy in endometrial cancer (EC) results in the loss of fertility and is often an unacceptable treatment for women of childbearing age. Hormone therapy has been suggested to preserve fertility, but side effects of systemic administration may lead to treatment failure. Currently, levonorgestrel-releasing intrauterine system (Mirena®) can be used as an alternative to oral/systemic progestins. The aim of the study was to evaluate the effectiveness of hormone therapy in patients with EC Stage 1A of reproductive age.

Methodology

From 01.2017 to 01.2023 34 patients with EC Stage IA (FIGO 2018), Grade 1 were included. The mean age was 32.6 years (range 24 to 39). The reproductive function was not realized in 29 (85.3%) women. 7 (20.5%) patients were diagnosed with polycystic ovary syndrome, 15 (44.0%) were obese (BMI ≥ 25 kg/m2).

Two treatment regimens were used 1) oral administration of Medroxyprogesterone acetate (Provera®) 500 mg per day for 6–9 months – in 14 cases; (2) Mirena® – in 20. The distribution into groups was carried out on the basis of the recommendations of the doctor and the choice of the patient. The status of the endometrium was monitored every 3 months by ultrasound followed by endometrial biopsy.

Results

A complete response was noted in 28 (82.4%) patients. In 6 (17.6%) cases, the effect was not achieved within a year of therapy. The median follow-up was 37 months (range 6 to 66). During follow-up, 10 (29.4%) patients relapsed: 8 of 14 (57.1%, 95% CI: 28.86–82.34) after using oral Provera®, and 2 of 20 (10.0%, 95% CI: 1.23–31.70) - Mirena® (p = 0.006).

Conclusion

A complete response to hormonal therapy in patients with EC Stage 1A Grade 1 was observed in 82.4% of cases. The recurrence rate was higher in patients with Provera®.
Introduction/Background Obesity is the main risk factor for endometrioid endometrial cancer. The AHA/ACC/TOS Guideline for the Management of Overweight and Obesity states that a 5% weight loss produces clinically significant improvements in some cardiovascular risk factors such as diabetes, lipid profile, and HTA. However, there are not studies which evaluate body weight change at 12 months in overweight and obese women treated for early-stage endometrial cancer and its impact on cancer outcomes.

Methodology Retrospective cohort study which evaluated overweight and obese women who underwent treatment for early-stage endometrioid endometrial cancer at our center between 2007 and 2019. Body weight change at 12 months of treatment was evaluated and its impact on cancer outcomes. Also ≥5%weight loss was evaluated and its impact on survival.

Cumulative survival was described using Kaplan-Meier curves and log-rank tests were used to compare the curves. Logistic regression was used to perform multivariate analysis.

Results Of 526 women, 77 died (17.15%). One year after treatment in the survivor group there was a significant weight loss of 1.47 ± 6.73 kg (P<0.001), meanwhile the death group presented a weight loss of 0.63 ± 5.67 kg which was not significant (P=0.180). These body weight changes at 12 months between the survivor and the death group were not significant (OR 1.02; 95% CI:0.99–1.08, P=0.301). Multivariate analysis for death (OR 1.04; 95% CI:0.99–1.11, P=0.16) and recurrence (OR 1.02; 95% CI: 0.97–1.09, P=0.565) were not significant for body weight change. Also, 105 (20.2%) women lost 5% or more of their total body weight by 12 months and 415 (79.8%) women maintained or gained more than 5% of their initial body weight. No significant differences were found in survival between both groups (P = 0.218).

Conclusion Women who lose weight do not seem to have better cancer outcomes than those who do not lose weight.

Disclosures Authors do not have any disclosures.