administration than after using the Mirena® (57.1% vs. 10.0%, p=0.006).
Disclosures Authors do not have any disclosures

#266 IMPACT OF WEIGHT LOSS AFTER EARLY-STAGE ENDOMETRIAL CANCER TREATMENT IN OVERWEIGHT AND OBESE WOMEN

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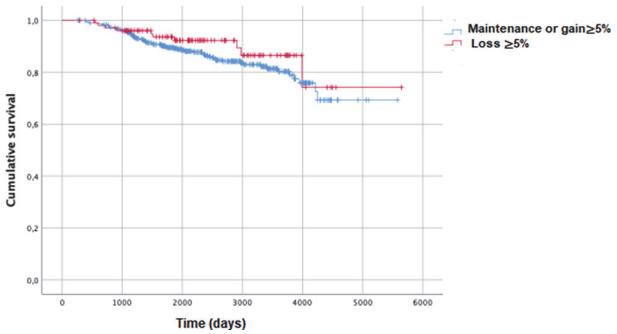
Introduction/Background Obesity is the main risk factor for endometrioid endometrial cancer. The AHA/ACC/TOS Guideline for the Management of Overweight and Obesity states that a 5% weight loss produces clinically significant improvements in some cardiovascular risk factors such as diabetes, lipid profile, and HTA. However, there are not studies which evaluate body weight change 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, 520 were included of which 77 died (17.15%). One year after treatment in the survivor group there was a significant weight loss of 1.47 6.73kg (P<0.001), meanwhile the death group presented a weight loss of 0.63 4.97 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:0.98–1.08, 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).



Abstract #266 Figure 1 Cumulative survival between the =5%weight loss group and the =5% weight gain group.

Conclusion Women who lose weight do not seem to have better cancer outcomes than those who do not lose weight.
Disclosures Authors declare no conflicts of interests

#273 CONSERVATIVE MANAGEMENT OF ENDOMETRIAL CANCER IN PATIENTS WITH PREGNANCY WISH

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Introduction/Background Endometrial cancer (EC) is the most common malignant tumour of the female genital tract in developed countries and the second in mortality. Incidence at young ages before fulfilling pregnancy wish is increasing. Considering that the loss of reproductive capacity will cause a great impact it is essential to offer fertility-preserving treatment (FPT).
Methodology It is a retrospective observational study of patients diagnosed with endometrial atypical hyperplasia (EAH) or EC in our centre between 2007–2020 who received FPT. The inclusion criteria were: FIGO stage IA grade 1, no birth wish fulfilled and <50 years old. The variables studied were: initial and maintenance treatment (hysteroscopic resection, oral progestins and LNG-IUD), remission rate of the disease and fertility results.
Results During the study period, 247 cases were diagnosed. 66 cases were under 50: 18 of whom opted for FPT. Among these patients, 10 were diagnosed with EAH and 8 with EC. In 11 patients, a hysteroscopic resection was performed and 5 achieved pregnancy with live birth. Those treated with oral progestins were 5 and only in one case was pregnancy achieved. Regarding remission rates, the pathological anatomy at diagnosis was compared with the hysterectomy specimen. 6 cases achieved pregnancy, 4 of them were EAH and 2 were EC; 4 of them underwent surgery, finding no disease in the surgical piece. 11 cases did not achieve pregnancy and 5 of them underwent surgery: only one case of remission was observed (diagnosed of EAH), while in the 4 cases there was no remission (all diagnosed of EC) and in 2 of them progression was seen.
Conclusion The variability in conservative treatment has led to highly heterogeneous results in terms of disease remission rate and live birth. Hysteroscopic resection at the beginning has shown the best results. Patients who achieve pregnancy could present better prognostic factors for remission.
Disclosures I have no potential conflict of interest to report.

#274 ONCOLOGIC OUTCOMES OF SENTINEL LYMPH NODE MAPPING VERSUS LYMPH NODE DISSECTION IN STAGING OF APPARENT UTERINE-CONFINED CLEAR CELL CARCINOMA

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