

research into the underlying mechanisms and prognostic implications is imperative for developing personalised therapeutic approaches and improving patient outcomes.

Disclosures The authors have nothing to declare.

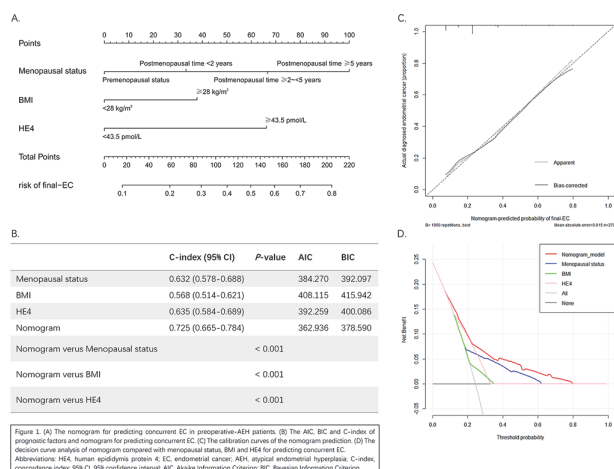
#351 NOMOGRAM BASED ON HUMAN EPIDIDYMIS PROTEIN 4 PREDICTED CONCURRENT ENDOMETRIAL CANCER FOR PATIENTS DIAGNOSED WITH ATYPICAL ENDOMETRIAL HYPERPLASIA BEFORE SURGERY

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Introduction/Background Almost 30% of patients diagnosed with atypical endometrial hyperplasia before surgery (preoperative-AEH) are found to have concurrent endometrial cancer (EC) at definitive hysterectomy, leading to incomplete primary surgery and delayed adjuvant treatment. This study aimed to investigate whether preoperative level of human epididymis protein 4 (HE4) could predict concurrent EC for preoperative-AEH patients and help to establish a nomogram for better clinical management.

Methodology Preoperative-AEH patients who underwent hysterectomy in a tertiary hospital from Jan 2020 to Dec 2022 were retrospectively analyzed. Independent predictive factors determined by multivariate logistic regression model were used to establish nomogram and internal validation was performed by a bootstrap resampling method.



Abstract #351 Figure 1 (A) The nomogram for predicting concurrent EC in preoperative-AEH patients. (B) The AIC, BIC and C-index of prognostic factors and nomogram for predicting concurrent EC. (C) The calibration curves of the nomogram prediction. (D) The decision curve analysis of nomogram compared with menopausal status, BMI and HE4 for predicting concurrent EC. Abbreviations: HE4, human epididymis protein 4; EC, endometrial cancer; AEH, atypical endometrial hyperplasia; C-index, concordance index; 95% CI, 95% confidence interval; AIC, Akaike Information Criterion; BIC, Bayesian Information Criterion.

Results A total of 455 preoperative-AEH patients were included, 23.4% of whom had concurrent EC. HE4 level significantly increased in concurrent-EC patients compared with final-diagnosed AEH patients (median 50.5 vs 43.7 pmol/L,

$p < 0.001$). ROC curve also showed good predictive potential of HE4 for concurrent EC (AUC = 0.696, 95%CI=0.633–0.760, $p < 0.001$) and concurrent intermediate-high-risk EC (AUC = 0.713, 95%CI=0.563–0.863, $p = 0.005$). Multivariate analysis revealed the independent predictive factors for concurrent EC were HE4 level (OR = 3.84; 95% CI = 2.07–7.13), postmenopausal status (OR = 5.25; 95% CI = 2.26–12.22) and BMI (OR = 2.09, 95% CI = 1.12–3.91). The three factors were used to create the nomogram that showed a better goodness-of-fit for predicting concurrent EC. The bootstrap-corrected of concordance index of nomogram was 0.725 (95% CI=0.665–0.784), which was higher than that of each factor alone. The nomogram also displayed good consistency between the probabilities and observed values and potential clinical usefulness.

Conclusion HE4 showed good predictive potential for concurrent EC in preoperative-AEH patients. The nomogram based on HE4, postmenopausal status and BMI might improve this predictive value to stratify high-risk patients for better clinical strategy.

Disclosures The authors declared that they had no competing interests.

#354 PREDICTIVE VALUE OF HISTOLOGICAL AND IMAGING TESTS IN PRE-OPERATIVE ASSESSMENT OF ENDOMETRIAL CANCER

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Introduction/Background Endometrial cancer is one of the most common gynecological malignancies, based on alarm symptoms disease can be diagnosed in early-stage. Preoperative risk assessment can be characterized using results of histology and imaging tests independently of performing at a general hospital or a cancer care center.

Methodology The aim of our study was to examine the predictive value of pre-operative tests comparing the results of general hospitals and our university hospital.

Two-hundred and twenty-four patients were diagnosed and operated with early-stage (FIGO I/A, I/B, II) endometrial cancer at University of Debrecen, Department of Obstetrics and Gynecology, after evaluating chest and abdominal CT, pelvic MRI, and histology, between the 1st of July 2019 and the 1st of March 2023.

We characterized the subgroups comparing them with multivariable statistical models. Significant difference was measured with p-value at 0.05 using SPSS v.23.

Results Considering radiological stage, a tendency of inverse correlation was observed between the stage of the tumor and the expertise of the radiologist evaluating the imaging test at a general hospital ($p = 0,07$). Those patients with imaging results from a general hospital had higher upstaging on final histology (36%) than at a university hospital (25%), but the difference was not significant (p -value:0,13).

73% (14/19) of patients diagnosed with endometrial intraepithelial neoplasia or atypical complex hyperplasia preoperatively (curettage or HSC), had early-stage endometrial cancer according to final histology, and 100% (14/14) of these were done in general hospitals.

Conclusion Preoperative imaging and histological result are key factors in the precise treatment plan of endometrial cancer, but depend greatly on the level of institution the tests are performed in.

Disclosures The authors have no conflict of interest.

#363 REVERSED SEQUENCE OF PORTEC PROTOCOL IN THE TREATMENT OF HIGH-RISK ENDOMETRIAL CANCER: AN ALTERNATIVE IN THE CONTEXT OF LOW AND MIDDLE-INCOME COUNTRIES

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Introduction/Background The standard of care for high-risk endometrial cancer is based on the results of the PORTEC 3 trial, which recommends adjuvant chemoradiotherapy and chemotherapy after surgery. However, in some countries, such as Tunisia, accessing radiotherapy machines can be challenging with significant delays. We aimed to report the feasibility and safety of the reversed sequence strategy.

Methodology We retrospectively collected 40 cases of high-risk endometrial cancer treated with the reversed PORTEC sequence between 2021–2022. All included patients met the eligibility criteria of the PORTEC 3 trial. Patients received adjuvant chemotherapy (4 cycles of carboplatin/paclitaxel) followed by concurrent chemo-radiotherapy (Cisplatin S1-S4). We described the patient’s characteristics, treatment administration intervals, toxicity, and survival results.

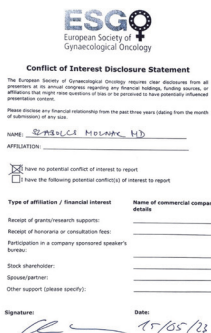
Results Mean age was 60 years with obesity in 40% of patients and hypertension in 53%. ECOG PS was 0–1 in 74% of patients. Histological subtypes were endometrioid (65%), serous(17.5%), and clear cell (7.5%). High-grade tumors were seen in 61%, with 59% of nodal involvement and 50% of lymph-vascular invasion. All patients had surgery consisting of hysterectomy and bilateral salpingo-oophorectomy in 70% of cases and lymph node dissection in 75%. The median time between surgery and chemotherapy was 3months (2–6 months) and between chemotherapy and concurrent chemo-radiotherapy 3 months (1–8 months). Chemotherapy all grades toxicities were reported in 35% of cases as follows: 65%neuropathy (5% G3),8% of G3–4 neutropenia (4% febrile neutropenia), 15% anemia, 10% thrombocytopenia, 25% gastrointestinal toxicities. No grade 3–4 toxicities were reported during concurrent chemo-radiotherapy. 94% of patients completed all therapy sequences. After a median follow-up of 15 months, the recurrence rate was 15% (33% locoregional, 67% metastatic). the median time to relapse of 14 months. Overall survival at 2 years was 80%.

Conclusion Reversed PORTEC sequence may be a feasible, safe, and effective treatment alternative for high-risk endometrial cancer to overcome the challenges of delayed radiotherapy initiation.

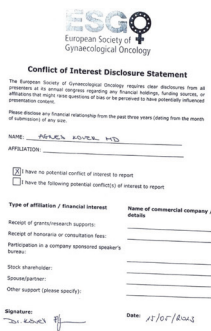
Disclosures No conflicts of interest.



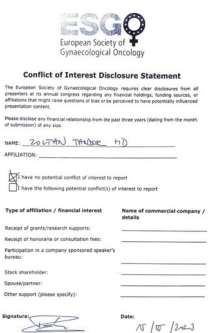
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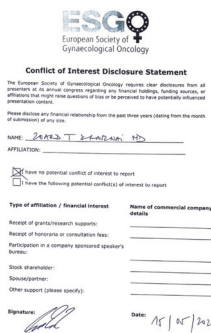
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