

match and balancing the two cohorts, the survival analysis demonstrated a non-inferiority of IHC-M in ECs classification compared to GP-M ($p < 0.0001$). Moreover, ROC curves showed overlapping AUC: 0.77 (0.66–0.87) for IHC-M and 0.72 (0.63–0.81) for GP-M.

Conclusion In this large retrospective EC series, the IHC-M showed superimposable classification power compared to the GP-M in terms of oncologic outcomes. This study may lay basis to further investigate the concrete real-life clinical impact of POLE sequencing in molecular classification and the potential role of ER receptor for further classifying EC patients. Moreover, our results further reinforce the evidence in favour of reconsidering the ER status especially in NSMP subgroup. Longer follow-up and prospective studies are necessary.

Disclosures Nothing to disclose

#453 RARELY DIAGNOSED ENDOMETRIAL CANCER WITH SQUAMOUS DIFFERENTIATION MIMICS OTHER CANCER ENTITIES – CASE REPORT

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Introduction/Background Although rarely diagnosed, endometrial cancer (EC) with squamous differentiation presents unique challenges for gynecologists. Due to a lack of distinct clinical characteristics accurate diagnosis is frequently obtained after surgery and subsequent histopathological examination.

Methodology A 48-year-old obese and multimorbid woman was admitted because of postmenopausal uterine bleeding. Diagnostic curettage revealed the diagnosis of endometrioid EC, G1. Biopsy of the cervix which was performed due to suspect findings at clinical examination showed tumor cells with squamous differentiation, suspicious of simultaneously occurring cervical cancer (CC) as leading and prognostically most impactful diagnosis. Preoperative imaging procedures presented no metastatic disease in the pelvic lymph nodes, but enlarged and irregularly shaped ovaries. Due to various high perioperative surgical risks, laparoscopic staging with pelvic lymphadenectomy and intraoperative frozen section was recommended, followed by laparoscopic total mesometrial resection (TMMR) in case of negative lymph nodes.

Results Laparoscopic lymphadenectomy was performed and followed by TMMR in the absence of lymph node metastases. Detailed histopathological analysis unexpectedly showed the diagnosis of EC with squamous differentiation and metastatic disease in the ovaries.

Conclusion Diverging histopathological findings and ambiguous clinical presentation led to the inaccurate diagnosis of advanced CC with simultaneous EC instead of EC with squamous differentiation. The lack of randomized clinical trials regarding optimal surgical and adjuvant treatment, as well as the lack of standardized therapeutic procedures for women with EC with squamous differentiation offer challenges for clinicians and patients.

Disclosures Conflicts of interest as stated in the attached files.

#457 THE ROLE OF PREOPERATIVE MRI IN ASSESSING MYOMETRIAL INVASION IN ENDOMETRIAL CANCER. EXPERIENCE FROM ONCOLOGY CENTRE OPOLE

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Introduction/Background Endometrial cancer is a common malignancy in women, and accurate staging is crucial for optimal treatment selection. In recent years, preoperative magnetic resonance imaging (MRI) has emerged as an important tool in accurately determining the extent of endometrial cancer. The aim of this study was to evaluate the role of preoperative MRI in assessing myometrial invasion in endometrial cancer patients treated at Oncology Centre Opole.

Methodology A retrospective study was conducted on 181 endometrial cancer patients who underwent primary surgery and histopathological assessment at Oncology Centre Opole between 2020–2023. The utility of preoperative MRI in assessing superficial (FIGO IA) and deep (FIGO IB) myometrial invasion was analyzed and compared to histopathological reports. Of the 181 patients, 125 had FIGO stage I disease. The sensitivity, specificity, positive predictive value, and negative predictive value were calculated for estimating myometrial invasion by preoperative MRI.

Results The sensitivity and specificity of preoperative MRI in assessing FIGO IA were 70% and 78%, respectively. The positive predictive value and negative predictive value were 82% and 64%. For FIGO IB, the sensitivity and specificity of preoperative MRI were 77% and 93%, respectively. The positive predictive value and negative predictive value were 40% and 85%.

Conclusion Our results showed that preoperative MRI is an effective tool in assessing myometrial invasion in endometrial cancer patients. However, the low positive predictive value for deep myometrial invasion indicates that the MRI result should also be verified by TVS performed by an experienced clinician and led us to validate the MRI protocol.

In conclusion, a multidisciplinary approach involving clinical evaluation, imaging, and histopathological assessment is necessary for accurate staging and further management of endometrial cancer.

Disclosures No conflict of interest.

#460 ROBOTIC SINGLE-SITE IN ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction/Background Endometrial cancer is one of the most common gynecological cancers, and its treatment involves hysterectomy, salpingo-oophorectomy, and lymph nodal staging. In the modern era, surgical treatment cannot ignore the aesthetic result, especially for young women. According to this view, in 2013, the FDA approved robotic single-site (RSS) surgery. RSS has been introduced in minimally invasive surgery as an acceptable alternative to

laparoscopic surgery in a single site (LESS) to combine the advantages of robotic surgery with the aesthetic result of a single incision and to overcome LESS limitations in terms of loss of door triangulation, and instrumental collisions. This study aims to review the existing studies on RSS hysterectomy in patients with endometrial cancer and verify its safety and feasibility.

Results Seven studies met the inclusion criteria, and 258 patients were included with a median age of 53 to 64 years and a BMI of 24.6 to 27 kg/m². The median pre-surgical time ranged from 8 to 12.5 min, the median operative time ranged from 90 to 175 min, the median console time from 46 to 136 min, and the median blood loss from 50 to 145 ml. No intraoperative complications were observed; only a study reported a conversion rate of 1.25%. The median hospital stay ranged from 2 to 3 days. The postoperative complication rate was estimated at 5.42%.

Abstract #460 Table 1 Studied outcomes (intraoperative and postoperative)

Author, Year	Median pre-surgical time, min (range)	Median console time, min (range)	Median operative time, min (range)	Median estimated blood loss, ml (range)	Intra-operative complications	Post-operative complications (%)	Conversion to LPS/LPT	Median pelvic lymph nodes, no (range)	Median hospital stay, (range)	Reoperation (%)
J. Figott 2013	8 (4-14)	NN	90 (60-147)	75 (50-250)	0	1 (5%)	0	-	-	-
G. Corrado 2017	7.5 (4-14)	46 (20-100)	90 (45-150)	80 (10-250)	0	1 (2%)	0	13 (10-32)	3 (2-6)	0
G. Corrado 2016	12.5 (5-43)	80 (20-260)	122 (75-282)	50 (10-200)	0	10 (12.4)	1 (0.8%)	13 (3-32)	2 (1-16)	1 (0.8%)
E. Ylaza 2013	9.5 (6-17)	48 (25-73)	90 (70-147)	75 (50-150)	0	0	0	-	2 (0-3)	0
G. Corrado 2016	-	-	110 (60-160)	80 (16-150)	0	1 (4.3)	0	14 (13-15)	2 (2-5)	1 (4.3%)
LA Mookatel 2017	-	136 (100-155)	175 (150-230)	80 (10-100)	0	0	0	25 (1-10)	1	0
H. Chung 2019	10 (4-20)	75 (55-115)	155 (125-190)	145 (100-200)	0	1 (6.7)	0	9 (6-15)	3 (2-9)	0

*Median Pre-surgical time includes port placement and docking time
LPS: Laparoscopy; LPT: Laparotomy

Conclusion Our findings support the safety and feasibility of robotic single-site technique in endometrial cancer treatment, which was associated with short operative times and acceptable complication rates. In addition, RSS allows you to combine the advantages of robotic surgery with the aesthetic result of a single incision. Further studies are warranted to confirm results and determine the optimal approach for minimally invasive surgery (MIS) in endometrial cancer.

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COMPARISON BETWEEN SINGLE AND DUAL DOCKING ROBOTIC SURGERY IN ENDOMETRIAL CANCER

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Introduction/Background Endometrial cancer is one of the most common gynecological neoplastic diseases in Poland. According to ESGO recommendations, simple hysterectomy with bilateral salpingo-oophorectomy and bilateral sentinel lymph node detection should be performed. However, completed pelvic and paraaortic lymphadenectomy is indicated in cases of high-risk endometrial cancer. Minimally invasive surgery is the method of choice. Nowadays, procedures assisted with robotic surgery are increasingly common.

The aim of the study was to compare completed pelvic and paraaortic lymphadenectomy performed by dual or single docking during robotic surgery assisted with the da Vinci X system.

Methodology The analysis was based only on 25 patients with high-risk endometrial cancer after completed pelvic and paraaortic lymphadenectomy with mean age 60.07±10.67 (range 34.69–83.23) years. Mean BMI was 28.4±5.62 (range 18–41.5) kg/m². Mean duration of surgery was 196±0.02 (range 110–295) minutes. The analyzed population was divided into two groups: in one, a one-site docking operation was performed; the second underwent dual docking surgery.

Results Average numbers of removed pelvic and paraaortic lymph nodes were respectively 24.5±8.7 and 15.87±6.83 in the first group and 24.88±11.75 and 18.05±7.92 in the second. There were no significant differences between one-site and dual docking. The number of removed lymph nodes did not differ significantly according to type of docking, experience of surgeon, or use of Vessel Sealer. Number of lymph nodes retrieved correlated with BMI of patients (p<0.005). Duration of operation was not associated with type of docking, but it was significantly associated with previous surgery (p<0.005).

Conclusion Robotic surgery is a novel method of minimally invasive surgery. No difference was found between the two types of docking in quality of lymphadenectomy.

Disclosures The authors declare no conflict of interest.

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PRETREATMENT CARCINOEMBRYONIC ANTIGEN CAN ASSIST CANCER ANTIGEN 125 IN PREDICTING LYMPH NODE METASTASIS IN ENDOMETRIAL CARCINOMA

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Introduction/Background We aimed to investigate whether the cost-effective, pretreatment tumor markers carcinoembryonic antigen (CEA) and carbohydrate antigen-125 (CA-125) can be used to predict lymph node metastasis (LNM) in endometrioid-type endometrial cancer (EC) and to develop a predictive model.

Methodology This was a single-center retrospective study of patients with endometrioid-type EC who underwent complete staging surgery between January 2015 and June 2022.

Results The optimal cut-off values of CEA and CA-125 were 1.4 ng/mL (area under the ROC curve (AUC) 0.62) and 40 U/mL (AUC 0.75), respectively. Multivariate analysis showed that CEA (odds ratio (OR): 1.94; 95% confidence interval (CI): 1.01–3.74) and CA-125 (OR: 8.75; 95% CI: 4.42–17.31) were independent predictors of LNM. Our nomogram showed adequate discrimination with a concordance index of 0.78. Calibration curves for the probability of LNM showed optimal agreement between the predicted and actual probabilities. The risk of LNM for markers below the cut-offs was 3.6%. The negative predictive value and negative likelihood ratio were 96.6% and 0.26, respectively, with moderate ability to rule out the possibility of LNM.