Conclusion We report a cost-effective method of using pre-treatment CEA and CA-125 levels to identify patients with endometrioid-type EC who are at a low risk for LNM, which may guide decision-making regarding aborting lymphadenectomy.

Disclosures There are no conflicts of interest to declare.

#495 VAGINAL HYSTERECTOMY FOR LOW-RISK ENDOMETRIAL CANCER: COSTS, PERIOPERATIVE OUTCOMES, AND ONCOLOGICAL RESULTS IN A SINGLE CENTER IN SÃO PAULO, BRAZIL

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Introduction/Background This study aims to evaluate the costs, perioperative outcomes, and oncological results of vaginal hysterectomy as a treatment for low-risk endometrial cancer. Vaginal hysterectomy shows potential as a cost-effective option, but comprehensive assessments are lacking. This retrospective analysis aims to fill this gap by examining patient records from a single center in São Paulo, Brazil.

Methodology Medical records of patients who underwent vaginal hysterectomy for precursor and invasive endometrial lesions were retrospectively analyzed. Data collected included patient comorbidities, pre- and postoperative histological diagnosis, perioperative outcomes, total procedure cost, adjuvant treatments, and oncological follow-up. The study focused on patients treated between April 2019 and November 2021.

Results The analysis comprised 34 patients with a mean age of 61.9 years and a mean BMI of 34. Obesity (BMI ≥ 30) was prevalent in 77% of the sample. Common comorbidities included hypertension (68%) and diabetes (35%). The mean operative time was 109 minutes, and the average hospital stay was 1.2 days. Four patients (12%) required conversion to laparotomy, primarily due to bleeding or technical difficulties. No major intraoperative complications were reported.

The total cost of vaginal hysterectomy was US$ 2058.77 (R$ 10925.91), representing 47% of the cost related to non-vaginal procedures. Final pathology showed that 28 patients had low-grade endometrioid carcinoma, while six had intermediate-risk endometrial cancer. Three of these patients received adjuvant radiotherapy. The mean follow-up period was 20.0 months for the entire group and 23.4 months for cancer-diagnosed patients. Disease recurrence occurred in one case after 16.6 months, and no deaths were recorded during the study period.

Conclusion Vaginal hysterectomy demonstrates potential as a cost-effective treatment option for well-selected patients with low-risk endometrial cancer. The procedure exhibited favorable perioperative outcomes, minimal complications, and promising oncological results. Further research and prospective studies are needed to validate these findings and establish guidelines for patient selection.

Disclosures The authors have no conflicts of interest to declare.