

#591 ADVANCED ENDOMETRIAL CANCER – OUTCOME OF PATIENTS UNDERGOING CYTOREDUCTIVE SURGERY: A RETROSPECTIVE STUDY

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Introduction/Background Women with advanced endometrial cancer include a heterogeneous group with high local and systemic disease recurrence. The prognosis for these patients remains poor and optimal treatment strategies are yet to be established.

The objectives were to assess the overall and disease free survival in patients with advanced (Stage III and IV) endometrial cancer who undergo cytoreductive surgery, and to assess the factors affecting recurrence.

Methodology 80 patients with advanced endometrial cancer who had undergone surgery in Regional Cancer Centre Thiruvananthapuram between 2008 and 2018 were included.

Results Mean age was 59.9 yrs. 81.2% of the patients had stage III and 18.8% had stage IV endometrial cancer. 66.3% had endometrioid histology while 15% had serous carcinoma, 7.5% had clear cell carcinoma and 11.2% had carcinosarcoma. 69 (86.3%) patients had primary surgery, while 11 (13.7%) had upfront chemotherapy or radiotherapy before surgery. 90% of the patients had a complete cytoreduction. Post operative adjuvant treatment was chemotherapy and radiation in 51.2% patients, chemotherapy alone in 18.8% and radiotherapy alone in 21.3%. Median follow up was 92 months. 62.5% of the patients had a relapse. 5 year DFS was 39% and OS was 46.9%. Factors significantly correlating to recurrence on univariate analysis included age > 60 years, non endometrioid histology, high grade, LVSI and nodal involvement. On multivariate analysis, only non endometrioid histology significantly correlated with recurrence. Factors significantly correlating to OS were age > 60 yrs, Albumin < 4 g%, non endometrioid histology, high grade, presence of LVSI and site of recurrence in lung and para aortic lymph nodes. On multivariate analysis, only non endometrioid histology significantly correlated with survival.

Conclusion In carefully selected patients with advanced endometrial cancer, a combination of surgical cytoreduction with appropriate adjuvant treatment and neoadjuvant treatment when indicated gives good results with an acceptable morbidity and mortality and reasonable overall survival.

Disclosures None.

#603 CHEMOKINES EXPRESSION IN ENDOMETRIAL CANCER – MOLECULAR AND PATHOLOGICAL ASSESSMENT

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Introduction/Background Introduction of molecular classification of endometrial cancer (EC) in clinical practice led to search of further markers. Chemokines are a family of cytokines which play important role in inflammation in tumour

microenvironment. Their role in EC development remains unclear.

Methodology The research included 97 patients of whom 49 were diagnosed with stage I-II EC and formed a study group. Control group consisted of patients who underwent a hysterectomy due to non-oncological indications. Following axes of chemokines and their receptors were selected to analysis through a literature research: CXCL12-CXCR4/CXCR7, CCL2-CCR2, CCL20-CCR6, CXCL10-CXCR3. Expression of genes encoding the molecules was assessed in endometrial tissue with real-time polymerase chain reaction (PCR). Chemokines which presented a significant differences in expression were additionally evaluated with immunohistochemistry, both in endometrial and stromal tissue using immunoreactive score (IRS). Received data was analysed with parametrical and non-parametrical tests followed by correlation analysis.

Results Molecular analysis in 36 patients revealed significantly increased expression of CXCL10 ($p=0,01$) and CCL20 ($p=0,001$) in the study group. The expression of CXCL12 was higher in the control group ($p=0,01$). Overexpression of CXCL10 in EC tissue was confirmed in immunohistochemistry (group of 77 patients, $p=0,006$) with positive correlation with molecular findings. Stromal expression of CXCL12 was higher in the control group ($p=0,008$), as well as both endometrial and stromal expression of CCL 20 ($p=0,002$, negative correlation with PCR results).

Conclusion The overexpression of CXCL10 in non-advanced EC was detected in molecular and pathological assessment. This might be considered favourable prognostic factor, as CXCL10 plays a role in limitation of neoplastic process in preceding studies on other malignancies. Inconsistent results of CCL20 expression in PCR and immunohistochemistry indicate a need of further research, preferably with inclusion of advanced EC cases. This considers also CXCL12 and other chemokines evaluated in the study.

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#614 SURGICAL AND HISTOPATHOLOGICAL OUTCOMES OF EARLY-STAGE ENDOMETRIAL CANCER TREATED BY LAPAROSCOPIC HYSTERECTOMY AND SENTINEL NODE: A PROSPECTIVE COHORT STUDY

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Introduction/Background Sentinel node is indicated for staging of low and intermediate risk patients of apparent early-stage endometrial cancer. Main objective of the present cohort was to evaluate the surgical and histopathological outcomes of the first 30 cases in which sentinel node was performed in our ESGO-accredited Department.

Methodology A prospective cohort study was conducted during 2020–2022 including the first 30 patients with early-stage endometrial cancer in which sentinel node technique was performed. All cases included in the present study were