to the different regions to be irradiated. The total duration of radiotherapy varied from 2 to 4 months. 8 of our patients also underwent endovaginal brachotherapy, except for one patient, with an average dose of 26.5 Gy, a fractionation between 6.5 and 7 Gy/F weekly, and a total duration ranging from 2 to 3 months. 8 of our patients developed endometrial cancer after radiotherapy, while the last one presented with ovarian cancer.

**Conclusion** This topic presents a major challenge: proving that gynecological tumors resulting from previous radiation therapy are radio-induced as there is no histological way to differentiate them from tumors that occur spontaneously. The answer to this question is gradually becoming demystified thanks to the latest developments in molecular biology.

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**Abstracts**

**#656 RETROSPECTIVE STUDY OF 17 CASES OF ENDOMETRIAL CARCINOSARCOMA: EXPERIENCE OF THE HASSENN II UNIVERSITY HOSPITAL OF FEZ**

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**Introduction/Background** Carcinosarcoma is a rare and aggressive cancer that combines a sarcomatous and carcinomatous component. Regarding the gynecological area, carcinosarcoma accounts for 2–5% of endometrial cancers and 1% of ovarian cancers.

**Methodology** A retrospective study was conducted at our institution between January 1st, 2018 and December 1st, 2022, to analyze the data of 113 patients who were hospitalized for endometrical cancer management. Out of these patients, 17 patients were diagnosed with uterine carcinosarcoma and included in the study.

**Results** The average age at diagnosis was 54.7 years. 9 patients were overweight or obese. All patients consulted for metrorrhagia, with 7 patients being peri-menopausal and 10 being post-menopausal. Some patients also reported pelvic pain, hydorrhea, altered general condition, and urinary signs. Pelvic ultrasound showed an intracavitary image in 11 patients and suspicious endometrial thickening in 6 patients. However, preoperative histology had a significant number of false negatives and diagnosed carcinosarcoma in only 10 cases. Pelvic MRI classified 2 tumors as FIGO (International Federation of Gynaecology and Obstetrics FIGO 2009 classification provides precise terms to unify terminology among different healthcare providers. It’s used to adapt initial surgical treatment based on the radiological FIGO classification using abdominopelvic MRI, as well as adjuvant treatment based on the histological FIGO classification obtained postoperatively.

**Methodology A** A prospective study was conducted between January 1st, 2018 and December 1st, 2022, to analyze the data of 25 cases of non-endometrioid endometrial carcinoma in our institution. The aim of the study is to evaluate the concordance between the radiological FIGO classification and the anatomopathological classification. The focus was on the MRI performance for determining local extension due to the resulting surgical implications.

**Results** Preoperatively, MRI found 74% of stage I, 8% of stage II, and 28% of III. In the study, MRI presented a specificity of 57% and a sensitivity of 77% for myometrial invasion, a specificity of 50% and a sensitivity of 53% for cervical invasion, a specificity of 88% and a sensitivity of 28% for serosal/adnexal invasion, a specificity of 100% and a sensitivity of 62% for lymph node involvement. The final FIGO stage was determined for each operative specimen, with 48% at stage I and 36% at stage II. 44% of the 25 patients showed a discordance between preoperative and postoperative FIGO classification. Underestimation of the risk was noted in 54% of patients, while overestimation was observed in 45%.

**Conclusion** The standardization of the MRI protocol, already underway for several years in our center, will undoubtedly improve the performance of MRI in evaluating the local extension of endometrial cancer in our daily practice, particularly through the systematic use of high-resolution T2 double oblique sequences on the uterine body and high-resolution oblique diffusion.

**Disclosures** All the authors have no financial disclosure or conflicts of interest with the presented material in this presentation.