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 brachytherapy, 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.

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

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

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10.1136/ijgc-2023-ESGO.358

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 endometrial 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, hydorrheea, 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) 2009 stage Ia, 4 as Ib, 3 as Ic, 1 as II, 5 as IIIa, and 2 as IIIc. Distant metastases were found on CT scans in 2 patients. Surgical treatment was the first-line approach for all our patients, exception made for 2 of them who went through neoadjuvant chemotherapy first. Adjuvant chemotherapy and radiotherapy were also administered to 8 and 3 of patients, respectively. However, 4 patients refused any additional treatment. The median survival of the 8 patients who died was 13 months, 5 patients are still undergoing neoadjuvant chemotherapy/radiotherapy, 4 are lost to follow-up.

Conclusion Uterine carcinosarcomas are rare and aggressive tumors that require prompt attention. Surgical intervention is the recommended first-line treatment, and adjuvant chemotherapy has shown promising results. The role of radiotherapy in the management of carcinosarcoma remains to be further explored.

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

#660 RADIO-HISTOLOGICAL CORRELATION OF THE FIGO CLASSIFICATION FOR NON-ENDOMETRIOID ENDOMETRIAL CARCINOMAS (PROSPECTIVE STUDY ON 25 CASES): EXPERIENCE OF THE HASSAN II UNIVERSITY HOSPITAL OF FEZ

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10.1136/ijgc-2023-ESGO.359

Introduction/Background Non-endometrioid endometrial tumors represent 10–20% of endometrial cancers and are considered high-grade forms with unique aggressiveness. The 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 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.