impact of delay in the initiation of adjuvant therapy on disease free survival.

**Results** Completion staging was done at a mean interval of 6.6 weeks after the initial surgery. Postmenopausal bleeding (79.8%) was the primary indication for the inadequate initial surgery. Notably, only 34.5% of patients underwent preoperative endometrial biopsies, with 16 (19%) being diagnosed with endometrial cancer. The most common reason for offering restaging was non endometroid carcinoma (25%) followed by extra-uterine disease (19%). Postoperative complications occurred in 21 patients, with urinary tract infections being the most common.

After proper restaging, 29.76% of patients required no adjuvant treatment, while 20.24% received vaginal brachytherapy, and 27.38% received combined chemoradiation. The mean interval between primary surgery and initiation of adjuvant treatment was 10.37 weeks. During follow-up, 15 patients experienced disease recurrence, with a median disease-free survival of 91.13 months (80.56–101.69, 95% CI).

**Conclusion** This study provides valuable insights into the outcomes of completion staging in endometrial cancer patients, emphasizing the significance of accurate staging and personalized treatment decisions. Increased utilization of preoperative endometrial biopsies, improvements in surgical staging practices, and tailoring of adjuvant treatment, avoiding risks of overtreatment and under treatment are warranted to ensure the best possible care for women with endometrial cancer.

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**FERTILITY SPARING TREATMENT IN WOMEN WITH COMPLEX ATYPICAL ENDOMETRIAL HYPERPLASIA-OUR CLINICAL EXPERIENCE**

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**Introduction/Background** Complex atypical endometrial hyperplasia suggests a pre-malignant state of endometrial cancer which tends to occur in women of reproductive age. Oral progestins have been used as conservative treatment in young women of reproductive age. Oral progestins alone, compared to Levonorgestrel-releasing intrauterine device. The histology of the patients was reevaluated every 6 months by hysteroscopy and curettage.

**Results** So far, 12 women wishing to preserve fertility, have been included in the study. Five patients received oral progestins alone and 4 out of 5 achieved disease regression. Five patients were treated only with LNG-IUD and are free of disease. Two quite obese patients were treated with a combination of LNG-IUD and oral progestins and are also free of disease.

**Conclusion** Although a larger sample is needed, the preliminary results are encouraging. Both oral progestins and LNG-IUD are effective in women who undergo fertility sparing treatment. Megestrol acetate had higher and quicker remission rates than medroxyprogesterone acetate. Regarding disease regression, the LNG-IUD proved to be more effective. Furthermore, there were no side effects associated with the use of LNG-IUD, whereas one woman who received megestrol acetate experienced secondary adrenal insufficiency. After complete response, conception should be recommended. Maintenance therapy with strict follow-up can also be proposed to decrease recurrence, along with proper counseling over the safety of this approach.

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