Abstracts

HR: 1.66, 95% CI 0.965–2.869, p=0.63) compared to patients without MetS.

Patients with obesity alone had a significantly shorter median PFS compared to non-obese cohort (34.5 vs. 44.0 months, p=0.03). AH and DM separately had no significant impact on PFS (p>0.05) and OS (p>0.05).

Conclusion In current analysis MetS in patients with EC was not associated with worse oncological outcome. However, obesity remains an important comorbidity associated with worse PFS.

Disclosures no

#775 RETROSPECTIVE ANALYSIS ON THE PROGNOSTIC VALUE OF PRETREATMENT PLATELET COUNT & C-REACTIVE PROTEIN LEVEL IN ENDOMETRIAL CANCER

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Introduction/Background Previous studies have found pretreatment thrombocytosis and elevated C-reactive protein (CRP) to be associated with worse prognosis in endometrial cancer. The aim of this study was to appraise these conditions and their relationship with survival outcome for women diagnosed with endometrial cancer treated at a tertiary center.

Methodology This retrospective study evaluated 324 patients who underwent staging surgery for endometrial cancer and standard of care adjuvant therapy as indicated. We utilized Kaplan Meier and Cox regression analysis to assess the five-year survival rate (5-YSR) with respect to platelet counts and CRP levels.

Results The median age was 64 (IQR: 57, 70) and the average BMI was 25.8 (IQR: 36.6) in our cohort. Univariate analysis showed a worse 5-YSR for both high and low platelet counts (≥ 400 x E9/L, HR = 4.32, 95% CI [1.67, 11.17], p = 0.003; ≤ 149 x E9/L, HR = 3.81, 95% CI [1.34, 10.86], p = 0.01) as well as for elevated CRP (≥ 10 mg/L, HR = 3.59, 95% CI [1.81, 7.10], p = 0.0002). However, multivariate modeling incorporating stage, histology and grade indicated that, of the two biomarkers in question, only elevated CRP had a significant effect on the 5-YSR (HR = 2.51, 95% CI [1.20, 5.23], p = 0.01).

Conclusion Assessment of CRP levels and platelet counts prior to treatment may be a simple and accessible way to improve risk stratification and guide management of endometrial cancer. Elevated CRP may serve as an independent indicator of poor prognosis.

Disclosures N/A

#798 IS THE TUMOR SIZE EFFECTIVE FOR LYMPHADENECTOMY DECISION IN EARLY-STAGE ENDOMETRIAL CANCER?

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Introduction/Background To analyze the role of tumor size in the decision of lymph node sampling (dissection) in early-stage endometrial cancer.

Methodology In our study, 1357 patients who were operated on with the diagnosis of endometrium cancer at Hacettepe University Medical Faculty Hospital between January 2001 and December 2020 were retrospectively screened. 371 patients with grade 1–2 endometrioid adenocarcinomas, with less than 1/2 myometrial invasion at the intraoperative pathology consultation (frozen) and no cervical or adnexal involvement, were included in the study analysis. Patients with extraterine diseases were excluded. The patients were divided into two groups based on tumor size: >2 cm (Group A) and ≤2 cm (Group B). The pathological results of the pelvic and paraaortic lymph node samplings are compared.

Results The median age of the 371 patients who are included in the study is 56 (min: 21-max: 81). There are 223 (60.1%) patients in group A and 148 patients in group B.

Pelvic lymph node dissection is performed in 71.1% of the patients in Group A, and para-aortic lymph node dissection is performed in 44.4%.

Pelvic lymph node dissection is performed in 37.8% of the patients in group B, and para-aortic lymph node dissection is performed in 33.1%.

Metastasis is detected in 3% (6/160) of patients who underwent pelvic lymph node dissection in group A; at the same time, metastasis is found in paraaortic lymph nodes in 3% (3/99) of same patients.

There is no metastasis detected in pelvic and paraaortic lymph node samples in group B patients. All of the patients with metastases have tumors larger than 2 cm; on the other hand, no lymphatic metastasis is found in the presence of tumors less than 2 cm (p = 0.044).

Conclusion In our study, the presence of a tumor greater than 2 cm is associated with the pelvic and para-aortic lymph node metastasis.

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