

#831 MINIMALLY INVASIVE SURGERY IN RECURRENT ENDOMETRIAL CANCER A MULTICENTER STUDY

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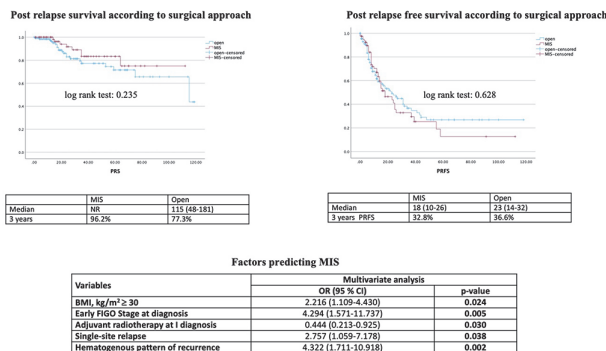
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Introduction/Background Secondary cytoreductive surgery (SCS) is gaining increasing interest in the treatment of endometrial cancer (EC) recurrence. Although the role of minimally invasive surgery (MIS) is well recognized in the initial treatment of EC, there is no data about its safety, in terms of oncological outcomes, in relapsed disease.

Methodology Multicenter retrospective study including patients with first EC relapse subjected to SCS between January 2010 and May 2022. Primary outcome was to compare oncological outcomes of patients subjected to MIS or open SCS. Secondary outcome was to assess factors that could be favorably associated with MIS. Survival was determined from date of first recurrence to last follow-up or cancer-related death and estimated using Kaplan-Meier method. Differences in survival were analyzed using Log-rank test. Binomial logistic regression was performed to evaluate factors that could predict MIS.

Results Data from 210 patients were retrieved. No differences in terms of post relapse and post relapse free survival were highlighted (log-rank test $p=0.235$ and $p=0.628$ respectively). Body mass index (BMI) ≥ 30 , early FIGO stage at diagnosis, single site relapse and the hematogenous pattern of relapse (parenchymal relapse) were positively associated with MIS (respectively BMI ≥ 30 OR 2.216, 95% CI: 1.109–4.430, $p=0.024$; early FIGO stage: OR: 4.294, 95% CI: 1.571–11.737, $p=0.005$; single site relapse OR: 2.757, 95% CI: 1.059–7.178, $p=0.038$; hematogenous pattern of relapse OR: 4.322, 95% CI: 1.711–10.918, $p=0.002$). In contrast, patients who received adjuvant radiotherapy at first diagnosis were less probably operated through MIS (OR 0.444, 95% CI 0.213–0.925, $p=0.030$) (figure 1).

Conclusion MIS for recurrent EC did not affect surgical outcomes. The early-stage disease at diagnosis, the single site relapse, the evidence of a single parenchymal metastasis (hematogenous pattern) and a BMI over 30 were positively associated with the minimally invasive approach. In contrast, previous radiotherapy was identified as negative predictor.



Abstract #831 Figure 1

Disclosures None

#855 MOLECULAR STRATIFICATION OF ENDOMETRIAL CARCINOMA: A STUDY FROM TERTIARY ONCOLOGY CENTRE IN INDIA

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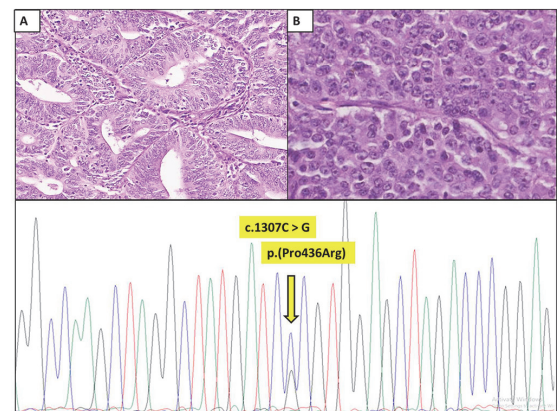
Introduction/Background Endometrial carcinoma (EC) has moved from Bokhman classification (type 1 & 2) to current molecular classification by The Cancer Genome Atlas (TCGA). TCGA stratifies EC into four molecular categories: POLE-ultramutated, Mismatch repair (MMR) deficient, no specific molecular profile, and p53 mutant EC. POLE-ultramutated group is associated with the best prognosis, while p53 mutant EC has a worse prognosis. We classified previously diagnosed cases of EC into molecular categories.

Methodology In this study, 339 cases of EC were subjected to IHC for MMR protein and p53 expression, and Sanger sequencing for POLE mutation assessment.

Results A total of 339 cases of EC were analysed, with median age of 58 years. The most common subtype of EC included Endometrioid carcinoma (EEC) comprising 71.7% cases, followed by 13% serous carcinoma (SC), 3.5% clear cell carcinoma (CCC), 5% Carcinosarcoma and 6.8% mixed carcinomas.

On FIGO grading, 64.8% were low grade and 35.1% high grade. Most of cases were in Stage I (68.8%), followed by stage III (22.8%), stage II (6.2%) and stage IV (2.2%).

MMR deficiency (dMMR) using IHC was seen in 33.5% cases; of these 81.3% were EEC, 14% mixed carcinoma and 4.7% carcinosarcoma. Most common loss was of MLH1/PMS2 (70.3%), followed by MSH2/MSH6 (11%), MSH6 (11%) and PMS2 (6.3%). Of the dMMR cases 38% showed lymph-vascular emboli ($p=0.077$). Most of these cases had grade 1 morphology (77.4%), and stage I presentation (80.4%).



Abstract #855 Figure 1 Endometrioid Carcinoma, FIGO Grade 3 (with cribriform and solid areas with high grade nuclear features). Sanger sequencing shows POLE mutation at Pro436Arg.

POLE mutation was seen in 1/53 cases (1.9%), which was grade 2 EEC, harboring P436R mutation. This was a multiple classifier, with mutant type p53 and d-MMR.

Diffuse p53 expression was seen in 97.3% of SC, 83.3% of CCC, 75% of carcinosarcoma, 62% of mixed carcinoma, and 12.8% of EEC.

Conclusion The TCGA molecular classification helps to risk stratify patients of EC. POLE-ultramutated tumors have a superior prognosis over other molecular classes.

Disclosures Authors have no financial implications to disclose

Conflict of interest: Authors declare no conflict of interest

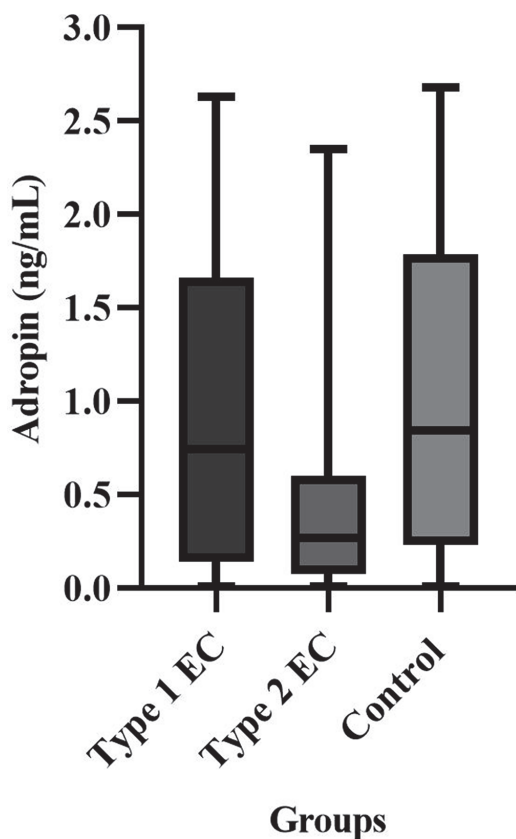
#858

THE RELATIONSHIP BETWEEN SERUM ADROPIN LEVELS, BODY MASS INDEX AND BLOOD PRESSURE VALUES IN ENDOMETRIAL CARCINOMA

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Introduction/Background Adropin is a protein that has been found in the brain, liver and peripheral tissues in terms of energy homeostasis. Serum adropin levels were lower in hypertension, diabetes mellitus and metabolic syndrome. The aim of this study was to investigate the relationship between adropin levels, body mass index(BMI) and blood pressure values in endometrial carcinoma(EC).



Abstract #858 Figure 1 Minimum (0.01), maximum (2.63, 2.35, 2.68), 25–75% percentile, median (0.75, 0.27, 0.85) and mean (0.99, 0.47, 1.05) serum adropin levels in Type 1 EC, Type 2 EC and control groups.

Methodology 40 healthy individual's and 50 EC patient's demographic information including characteristics of obstetric history, diabetes mellitus(DM), hypertension(HT) and family history were recorded. Fasting insulin, homeostasis model assessment for insulin resistance (HOMA-IR), high-density lipoprotein (HDL), low density lipoprotein (LDL), total cholesterol (TC), triglyceride (TG) and adropin levels were obtained from venous blood samples with an overnight fast.

Results There was no statistically significant difference between the control and EC groups at the serum adropin level. However, adropin was found to be significantly lower in type 2 EC (OR=0.350; 95%CI 0.156–0.783; p=0.011). Optimal cut off value was calculated in ROC curve analysis as 0.4 ng/mL for adropin (63.6% sensitivity, 64.7% specificity). Positive Likelihood ratio (LR+) was 1.8 and negative Likelihood ratio (LR-) was 0.56.

Conclusion In recent years, innovations such as molecular classification recommended for use in the management of endometrial cancer have emerged. Various difficulties such as the high cost to fully transition to clinical use have not been overcome yet, so it does not seem possible to apply it preoperatively to every patient yet. We think that there is still a need for various hormonal methods that are more cost-effective. Further studies may highlight the absolute role of adropin in EC by extending the sample size with different stages of the disease and adding analyses such as molecular or genetic on endometrial tissue.

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#867

EVALUATION OF THE CONCENTRATION OF THE SOLUBLE FORM OF GAL-9 IN THE PLASMA OF PATIENTS WITH ENDOMETRIAL CANCER IN THE ASPECT OF CLINICAL SIGNIFICANCE

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Introduction/Background Endometrial cancer (EC) is the most common gynaecological cancer and the second most common female malignancy in the world. Gal-9 is a ligand for TIM-3 which is on the surface of T cells, eosinophils or dendritic cells. The high concentration of Gal-9 may bring to the apoptosis of the activated T cells. Gal-9 has been proven to play a therapeutic role in autoimmune disease. Endometrial cancer management remains challenging and important is deeper understanding of the immunology diversity of this cancer.

The study aimed to evaluate the concentrations of soluble Gal-9 in the plasma of patients with endometrial cancer and healthy subjects in the aspect of its clinical significance

Methodology In the present study, we evaluated the concentrations of soluble Gal-9 in the peripheral blood (PB) and of both patients with endometrial cancer (n = 79) and healthy subjects (n = 19) using ELISA.