

NLR is between 1–2, the values higher than 3.0 in adults are pathological. NLR in a grey zone between 2–3 may serve as early warning of pathological processes such like malignancy.

Methodology A comprehensive literature search was performed on Pubmed's electronic database using searching the term 'neutrophil to lymphocyte ratio', 'endometrial cancer'. Clinical data from 2012 to 2023 were reviewed for studies in English language which assessed NLR as a prognostic factor for these patients. The date of last search was set at 10 January 2023. Inclusion criteria include studies assessing NRL of endometrial cancer patients finally treated by radical hysterectomy.

Results Literature search yielded fifteen retrospective studies assessing potential prognostic value of NLR. Seven studies were excluded from the present systemic review because they did not meet the inclusion criteria.

Nine studies were included finally in the systemic review. A total of 3162 patients were analyzed in these studies which were conducted in Europe and Asia. Blood NRL assessment was performed before surgical intervention. All histopathological types of endometrial cancer were included in these studies.

Seven out of nine studies showed that NLR was significantly raised among patients with endometrial cancer and found a significant association of higher NLR with advanced stages of endometrial cancer. On the contrary, two studies did not show significant correlation between higher NLR and advanced stages of endometrial cancer.

Conclusion NRL can be used as a tool in prediction of the advanced stages of endometrial cancer. Further prospective studies are needed to establish the exact value of NLR to predict advanced stages of endometrial cancer.

Disclosures No conflict of interest

#968

SENTINEL LYMPH NODE IMPACT ON THE QUALITY OF LIFE OF PATIENTS WITH ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.402

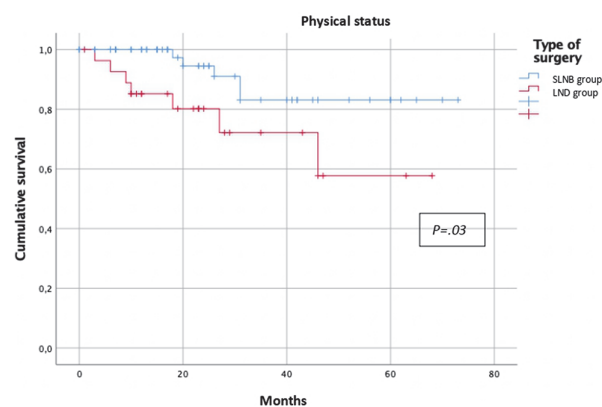
Introduction/Background Given the improvement in the surgical treatment of endometrial cancer with the inclusion of sentinel lymph node biopsy (SLNB), our aim was to evaluate the impact of this minimally invasive and tailored nodal assessment on patients' quality of life (QoL).

Methodology This was a cross-sectional study conducted in a single-centre, tertiary-level hospital. Patients diagnosed with preoperative early-stage endometrial cancer who underwent primary surgical treatment between August 2015 and November 2021 were included. The enrolled patients were divided into 2 cohorts according to the nodal staging performed: the first group underwent only SLNB (SLNB group); the second group underwent pelvic and/or para-aortic lymphadenectomy (LND group). We evaluated the overall QoL using the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life core 30-item questionnaire (EORTC QLQ-C30) and a sexual health questionnaire (EORTC SHQ-C20). The scores were compared between the groups.

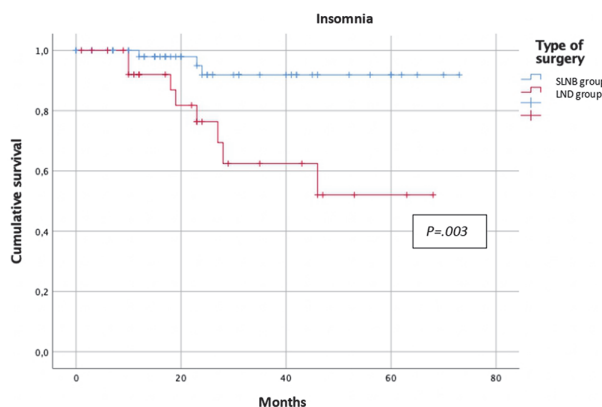
Results Ninety patients were enrolled in the study: 61 (67.8%) in the SLNB group and 29 (32.2%) in the LND group. In the LND group, 24 (82.7%) patients underwent pelvic and

para-aortic LND and 5 (17.3%) patients underwent pelvic LND. The assessment of the functional scales showed better results for the SLNB group than for the LND group, with a significantly lower impact on physical status (8.2% vs. 25%, respectively; $p=0.031$). In terms of the symptom scales, the SLNB group reported a significantly lower negative impact on sleep quality (4.9% vs. 27.6%, respectively; $p<0.01$), pain (1.6% vs. 13.8%, respectively; $p=0.019$), and dyspnoea (0% vs. 10.3%, respectively; $p=0.011$) than the LND group. The SLNB group had better results for all analysed items regarding sexual QoL.

Conclusion The implementation of a surgical technique with SLNB improved patients' overall QoL by increasing their well-being in the functional and symptom spheres.



Abstract #968 Figure 1 Physical status according to nodal staging.



Abstract #968 Figure 2 Sleep quality according to nodal staging.

Disclosures No disclosures

#970

DIAGNOSTIC AND PROGNOSTIC ROLE OF ONCOMETABOLITES IN ENDOMETRIAL CANCER: A PILOT STUDY

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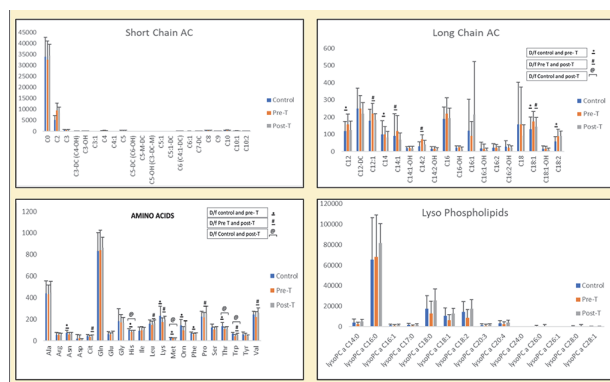
10.1136/ijgc-2023-ESGO.403

Introduction/Background The rising incidence of endometrial cancer has stimulated researchers for a biomarker that is minimally invasive and has a potential for early detection and prognostication. The metabolomics is a novel, less visited field that has potential to identify new biomarkers for the early detection and prognostication of patients with endometrial cancers, given its strong association with unopposed estrogen exposure, obesity, and other characteristics of metabolic syndrome. Present study was conducted to assess the role of blood metabolites using targeted approach focussed on acylcarnitines, phosphatidylcholines and sphingolipids in the diagnostics and prognostics of endometrial cancer.

Methodology A pilot prospective case control observational study was conducted in the Department of Obstetrics and Gynaecology of a tertiary care teaching institute of India and metabolic signatures in 15 women diagnosed with endometrial cancer were studied. The samples were analysed using liquid chromatography-mass spectrometry (LC-MS).

Results The cases and controls were BMI matched (30.90 ± 5.53 vs 25.97 ± 3.48 ; $P=.06$). The FIA-based analysis of short-chain and long chain acylcarnitine revealed significant changes. The levels of C7:DC (pimeloylcarnitines) and C10:1 (Decenoylcarnitine) were higher in cases than controls. Long-chain acylcarnitines such as C12:1 (dodecenoylcarnitine), C14:1 (tetradecenoylcarnitine), and C14:2 (tetradecadienylcarnitine) were all significantly higher before treatment than post-treatment ($p < 0.05$), whereas C18:2 (octadecadienylcarnitine) was significantly elevated in pre-and post-treatment cases compared with controls. In amino acid analysis, we found seven amino acids, viz., asparagine (Asn), histidine (His), lysine (Lys), methionine (Met), ornithine (Orn), phenylalanine (Phy), and threonine (Thy), were higher in controls than pre-treatment cases. Among 21 biogenic amines, creatinine was significantly lower in controls compared to pre-treatment cases, and levels of taurine (Tau) were significantly higher in controls than in pre-treatment cases.

Conclusion Oncometabolomics have a potential to identify unique metabolic signatures in patients with endometrial cancer. Our findings provide insight into the molecular pathology and changes related to intervention.



Abstract #970 Figure 1 Targeted oncometabolites (Acylcarnitine, amino acids and phospholipids) in endometrial cancer (pre-treatment and 8 weeks post-treatment) cases and BMI matched controls

Disclosures None

#973

THE COMPARISON OF VAGINAL CUFF BRACHYTHERAPY AND EXTERNAL PELVIC RADIATION THERAPY IN STAGE IB GRADE 3 ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.404

Introduction/Background External pelvic radiation therapy (EPRT) is recommended in stage IB grade 3 endometroid type endometrial cancer (EC) patients with substantial lymphovascular invasion (LVI), however, the role of EPRT is controversial in patients with lymph node dissection (LND). The aim of this study is to compare EPRT and vaginal brachytherapy (VBT) in terms of oncological outcomes and toxicity in these patients.

Methodology The records of 63 patients with stage IB grade 3 endometroid type EC according to FIGO 2018, who were treated between 1994–2000, were retrospectively evaluated. The patients who received only EPRT and the patients who received VBT after EPRT were examined in the same category due to small number of patients. Survival estimates were calculated with Kaplan Meier test (IBM SPSS v24).

Results The median age and tumor size was 62 (37–78) and 4 cm (1.3–13 cm), respectively. The tumor and treatment characteristics were similar between treatment groups (table 1). The median number of dissected LN was 37 (12–110). LVI was observed in 31 (49%) patients. With a median follow up of 108 months (15–336 months), LRR and survival rates were similar between treatment groups. EPRT had no survival benefit in patients with LVI. In this group of patients, LRR rates were 13% and 0% in VBT and EPRT groups, respectively ($p=1.000$). In all cohort, treatment was well tolerated. Late vaginal toxicity was observed in 3 (5%) patients. Vaginal toxicity was higher in EPRT group than VBT group, although it did not statistically significant (9% vs 4%, $p=0.443$).

Conclusion The survival outcomes of VBT alone and EPRT ±VBT in patients with stage IB grade 3 endometroid type EC were similar. However, in the presence of LVI, EPRT seems to be an ideal option even in patients who had surgical staging.

Abstract #973 Table 1 Tumor and treatment characteristics.

Parameters	VBT Alone (n=52) (%)	EPRT±VBT (n=11) (%)	p value
Age (years)			
≥60	34 (65)	5 (46)	0.307
<60	18 (35)	6 (54)	
Type of Surgery			
TAH-BSO	51 (98)	11 (100)	1.000
Type 2 hysterectomy	1 (2)	0	
Type of LND			
Pelvic	4 (8)	2 (18)	0.280
Pelvic and paraaortic	48 (92)	9 (82)	
Tumor size (cm)			
≥4	22 (42)	2 (18)	0.160
<4	22 (42)	7 (64)	
Unknown	8 (16)	2 (18)	
LVI			
Yes	26 (50)	5 (46)	1.000
No	13 (25)	3 (27)	
Unknown	13 (25)	3 (27)	

Disclosures None