External beam radiotherapy (EBRT), brachytherapy (BT) or both in combination can be used in this scenario. Recent advances in EBRT and the advent of high dose rate (HDR) brachytherapy have improved tumour delineation and dose delivery. We report survival data of patients with inoperable endometrial cancer treated with definitive EBRT ± BT. **Methodology** We conducted a retrospective review of patients with inoperable endometrial cancer who underwent definitive radiotherapy (BT ± EBRT) between 2017 and 2023 at our single center. Patient and disease characteristics, including stage, grade, and histopathological subtype, were collected, and survival data were obtained through electronic medical records.

**Abstract #993 Figure 1**

**Results** Seven patients with inoperable endometrial cancer were included in the analysis. Six patients had stage III disease, with IIIB (57.14%) and IIIC (28.58%) sub-stages, and one had stage IA disease (14.29%). The median age of the patients was 70 (range 42–83 years). Five had endometrioid adenocarcinoma, two had carcinosarcoma. All had EBRT with lowest total dose of 45Gy (receiving a simultaneous integrated boost to positive nodes if present). Six patients had sequential brachytherapy (21–28Gy) and three of them received concurrent chemotherapy. Only one patient had evidence of progression of endometrial disease, 10 months after finishing treatment, and died five months later. One patient was lost to follow-up. Censored overall survival data is described, with a range from 8–42 months.

**Conclusion** Definitive radiotherapy treatment can be used effectively and safely in those medically inoperable or with inoperable endometrial cancer, including those with Stage III disease.

**Disclosures** None.

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The first patient was a 75-year-old woman with serous endometrial carcinoma, 88% myometrial invasion, lymphovascular space invasion, and FIGO Grade 2C. She experienced recurrence 6 months later, despite adjuvant chemotherapy.

The second patient was a 57-year-old woman with endometrial endometrioid cancer, 42% myometrial invasion, lymphovascular space invasion negative and FIGO Grade 1A. She was diagnosed with recurrence 24 months later.

The third patient, also a 57-year-old woman with endometrial endometrioid cancer, had a metastatic lymph node, lymphovascular space invasion, 55% myometrial invasion with MELF pattern, and FIGO Grade 3C1i-macrometastasis. She received adjuvant radiotherapy and had recurrence 48 months later.

**Introduction/Background** Endometrial stromal sarcoma is a rare subgroup of uterin sarcomas. More than half the patients are premenopausal, young women and girls may be affected. Abnormal vaginal bleeding is the most common presenting symptom, and abdominal pain and uterine enlargement may occur. Total abdominal hysterectomy and bilateral salpingo-oophorectomy, with radical cytoreductive surgery for extraterine involvement, has been the standard recommendation for endometrial stromal sarcomas. Preservation of the ovaries is contravertial. Adnexal metastases were indentified in 11 of 87 cases (%13) in the series from Memorial Sloan Kettering, and all were macroscopically apparent. This group has higher recurrence rates. It is concluded that ovarian preservation may be an option in well-informed patients. We presented a 24 years old women with low grade endometrial sarcoma.

**Methodology** In our case report, a 24 years old married women came with abnormal uterin bleeding. In Pelvic MR report, a large fibroid seen also suspected to sarcoma. The curettage result was reported as an uterin sarcoma. Patient is screened with PETCT and tumor is limited to the uterus. The patient well-informed about standard treatment and she did not accept salpingo-oophorectomy at the first line treatment. Total Abdominal Histerectomy operation made and final patalogical result reported as low grade endometrial sarcoma, tumor size 6.5 cm and more than half myometrial invasion.

**Results** The patient informed again about choices; salpingo-oophorectomy and preserving of ovaries with risks and outcomes. She selected the preserving ovaries option and being observed in often intervals.