Conclusion Low Grade Endometrial Sarcomas must be considered in young patients with abnormal uterine bleeding and including suspected fibroids. Although hysterectomy and salpingo-oophorectomy is the standard treatment, in young patients, fertility sparing approaches and preserving ovaries can be priority for their choice. We well inform them about these choices and observe in short intervals.

Disclosures endometrial stromal sarcoma, ovarian sparing, fertility sparing

#1059 RETROSPECTIVE ANALYSIS OF TREATMENT OUTCOMES FOLLOWING PRIMARY SURGICAL TREATMENT OF HIGH-RISK ENDOMETRIAL CANCER AT A SINGLE TERTIARY LEVEL CENTRE FROM 2013 TO 2016
1Luka Kovac*, 1Vid Janša, 1Branko Cvetkovic, 1Matja Barbić, 1Mija Blaganje, 1Kristina Drusany Starič, 1Marina Jakimovska, 1Natalia Kenda Šuster, 1Tina Kunc, 1Mateja Lasic, 1Katja Jakopic Macek, 1Vanja Koter Cerar, 1Daša Naglic, 1Bostjan Pirš, 1Borut Kobal, 1Spolja Smrkoš, 1Leon Miglic, 1Jerca Samotorcan. 1University Medical Centre Ljubljana, Ljubljana, Slovenia; 2Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

Introduction/Background Endometrial carcinoma is the most frequent gynaecological malignancy in the Western world, with around 100,000 cases in Europe each year. In recent years, a new molecular classification has divided endometrial carcinomas into four distinct subgroups with specific molecular characteristics. A fourth subgroup is a group of carcinomas with an aggressive growth pattern and poor outcomes. The most typical representative is serous endometrial carcinoma; others include clear cell carcinoma, uterine carcinosarcoma and high-grade endometrioid carcinoma.

Methodology A retrospective, observational study of a single tertiary-level centre between January 2013 and December 2015. Clinical data were gathered from the Division of Gynaecology and Obstetrics archive, University Medical Centre Ljubljana.

Results A total of 366 patients were surgically treated with histologically verified endometrial carcinoma. Out of those, 66 were treated for high-risk endometrial cancer; 27 with serous carcinoma, 22 with high-grade endometrioid carcinoma, 12 had carcinosarcomas, 3 had clear cell carcinomas, and two had dedifferentiated carcinomas. The surgical approach was divided between minimally invasive and open surgery; 35 cases were completed laparoscopically, 31 with open surgery, which included two conversions. There were ten cancer-related deaths in the laparoscopic arm and 17 in the open arm. There were no statistically significant differences between both arms. However, more advanced-stage disease (II-IVB) cases were in the open arm, 18 vs 15.

Conclusion ESGO/ESTRO/ESP guidelines for the management of patients with endometrial carcinoma recommend minimally invasive procedures in FIGO stages I and II. However, with a more extensive lymphadenectomy required in the high-risk group, an open technique still has its place. The surgical approach in stage III and IV disease must be decided with a goal of complete cytoreduction.

Disclosures No

#1065 PREDICTION NORMOGRAM OF AORTIC INVOLVEMENT IN ENDOMETRIAL CANCER
ITZIAR Gonzalez Iturri*, AITOR Muñoz Lamosa, MARIA ARANTZAZU Lekuona Artola. HOSPITAL UNIVERSITARIO DONOSTIA, San Sebastian, Spain

Introduction/Background The current sentinel node algorithms in endometrial cancer (EC) do not include the need to perform a surgical study of the aortic area.

Although it is known that isolated aortic involvement is low, it is influenced by the risk of global lymph node metastasis in this cancer. However, in selected groups it represents approximately a 25%. Furthermore, more than half of the cases where pelvis is involved, aortic region is also affected.

The objective of this study is to create a prediction model for aortic involvement, based on preoperative risk factors.

Methodology 376 women who underwent surgery because of EC at the Donostia University Hospital (August 2014 - July 2022) were retrospectively identified.

The prediction model for aortic lymph node involvement was performed using logistic regression. Due to low the frequency of aortic lymph node involvement in EC, a reduced number of variables were specified to reduce the risk of overfitting and the prediction error, as well as their clinical applicability.

Results From 376 patients, metastatic involvement of the aortic SLN was detected in 25 of them (6.65%). The table shows the distribution of risk factors for dissemination between affected women and those who were not. In the univariate analysis, all potential predictors were more prevalent among women with aortic lymph node involvement, and were statistically significantly associated with it, except for non-endometrioid histology, with tumor extension beyond the uterine body being the factor with a greater association with the presence of positive aortic SLN. In the multivariate logistic regression model, this positive association was maintained, but with greater uncertainty, and the extension beyond the uterine body was the only one maintaining its statistical significance.

Conclusion This normogram is useful to calculate the risk of aortic lymph node involvement in EC and may be useful in making decisions about its approach.

Abstract #1065 Figure 1