

pathological diagnosis were included. The main outcome measure is harvested lymph node number (LNH).

Results A total of 5567 patients were included in this analysis (1696 in 2018, 1982 in 2019, 1889 in 2020, respectively). Median age was 56 years. 93.30% of patients had stage I disease and 6.70% had stage II. The endometrioid subtype accounted for 84.98% of all patients. Overall, 3057 (54.91%) underwent open surgery for hysterectomy and staging. 36.29% and 8.80% patients received laparoscopic surgery (LS) or robotic surgery (RS), respectively. Adoption of LS and RS were 37.80% and 7.83% in 2020, respectively, compared to 33.55% and 10.79% in 2018. 46.52% of stage I patients underwent MIS, compared to 25.20% for stage II. Conversion to open surgery occurred to 0.36% of patients. Sentinel LN sampling (SLS) was performed in 3.59% patients. The mean number of LNH was 20.89 (\pm 14.16) for open surgery, 21.84 (\pm 16.54) for RS, and 16.59 (\pm 12.56) for LS, respectively ($P < 0.0001$). In stage I disease, the mean number of LNH was 20.58 (\pm 14.07) for open, 21.67 (\pm 16.56) for RS, and 16.50 (\pm 12.55) for LS, respectively.

Conclusion Open surgery remains the majority in Taiwan. RS achieved comparable LN harvest as open surgery. SLS was performed in 3.59% of patients. RS could serve as an alternative MIS approach for endometrial cancer.

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THE PROGNOSTIC CHARACTERISTICS AND RECURRENCE PATTERNS OF HIGH GRADE ENDOMETRIOID ENDOMETRIAL CANCER: A LARGE RETROSPECTIVE ANALYSIS OF A TERTIARY CENTER

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Introduction/Background High grade endometrioid endometrial cancer (HGEEC) is a heterogeneous group of tumors with unclear prognostic features. The aim of the present study is to evaluate the independent risk factors for recurrence and mortality and to describe the recurrence patterns of HGEEC.

Methodology Ninety-six consecutive cases of HGEEC treated with primary surgery in a single Tertiary Center were retrospectively reviewed. Clinicopathological and treatment details were recorded, and all patients were closely followed up.

Results Disease-free, overall and cancer-specific survival rates were 83.8%, 77.8% and 83.6%, respectively. Cervical stromal involvement was independently related to recurrence (HR = 25.67; 95%CI 2.95–223.30; $p = 0.003$) and cancer-related death (HR = 15.39; 95%CI 1.29–183.43; $p = 0.031$) after adjusting for other pathological and treatment variables. Recurrence rate was 16%, with 60% of these cases having lung metastases and only one case with single vaginal vault recurrence. 81.81% of the recurrences presented with symptoms

and not a single recurrence was diagnosed in routine follow-up clinical examination.

Conclusion In conclusion, the recurrence pattern may suggest that patient-initiated follow-up (PIFU) could be considered a potential alternative to clinical-based follow-up for HGEEC survivors, especially for patients without cervical involvement and after two years from treatment. Additional caution is needed in patients with cervical stromal involvement.

Disclosures Authors have nothing to disclose

04. Fertility/Pregnancy

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OVARIAN TUMORS DURING PREGNANCY: SINGLE CANCER CENTRE EXPERIENCE

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Introduction/Background Ovarian tumors are rare during pregnancy and are observed in 2.3–8.8% of pregnant women. However, most of them are benign in nature, and only 1–6% are reported to be malignant.

Methodology The material of the study was the data of patients extracted from the Belarusian Cancer Registry for the period 2015–2022, who applied for a consultation to the our Cancer Center. The course and outcomes of treatment, the relationship with the method of delivery and the extent of surgical intervention were retrospectively analyzed.

Results Of the 20 pregnant women, complete data were available in 10 patients. The median patients' age was 29 years (range 21–38 years). The median gestational age at ovarian tumor diagnoses was 20.5 weeks (range 5–36 weeks). Tumors were classified as stage IA in 6 patients, IB – in 1, IC – in 2, and IIB – in 1.

All patients underwent surgical treatment Conservative approach was used in 2 cases, fertility-sparing surgery with comprehensive staging operation in 8 patients. The complete staging procedure included careful exploration, peritoneal cytology, random peritoneal biopsies, omentectomy, appendectomy (in mutinous tumors).

Morphologically, 5 patients were diagnosed with epithelial borderline tumors (serous, mucinous), 1 – epithelial ovarian cancer, 4 - non-epithelial malignant tumors.

The median gestational age at delivery was 39 weeks (range 36–42 weeks). All women underwent caesarean section without complications. Three patients (IC, $n=2$; IIB, $n=1$) received adjuvant chemotherapy.

With a median follow-up of 46.95 months (4.3–89.6 months), all patients are alive without signs of disease.

Conclusion In our study, all surgical interventions in patients with ovarian tumors during pregnancy were conservative or fertility sparing, did not affect the course and outcomes of pregnancy and oncological results. The interdisciplinary collaboration of specialists in perinatal medicine, gynecological oncology, chemotherapy, neonatology and psychology appears to be crucial to achieve the best possible maternal, neonatal and oncological outcomes.

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