BONE HEALTH IN PATIENTS RECEIVING AROMATASE INHIBITORS WITH ENDOMETRIAL CANCER

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Introduction/Background Aromatase inhibitors (AIs) are used in the treatment of Endometrial cancer in post-menopausal women. AIs accelerate bone mineral density (BMD) loss and these women are already high risk for osteoporosis and fracture. Guidelines exist, eg ESMO, which provide a framework for maintaining bone health in cancer patients but the focus has primarily been on breast cancer patients. This retrospective study aims to investigate management of bone health for our endometrial cancer cohort receiving AIs.

Methodology Data was obtained from electronic hospital records for endometrial cancer patients on AI in Gynae clinical oncology clinic between November 2022 and April 2023 at our institution. We analysed patient demographics, vitamin D level on initiation of treatment, whether patients were on Calcium+Vitamin D supplementation on initiation of AI, baseline BMD testing and result, and presence of osteoporotic fracture on re-staging imaging.

Results Data for 27 patients was analysed. Median age was 73 years (range 56–87 years). Median duration of treatment was 11 months (interquartile range 20 months) and 10 patients remain on AI. 44% (12) started Calcium+Vitamin D at the time of starting AI, 41% (11) had baseline BMD testing. Out of 11 patients who had baseline BMD testing, 45% (5) had osteopenia. 33% (9) were diagnosed with osteoporosis/osteopenia during or after treatment. 11% (3) were diagnosed with osteoporosis, none of which were already on Calcium+Vitamin D or had baseline BMD testing. 2 out of these 3 patients were diagnosed with osteoporotic fracture on re-staging imaging.

Conclusion Our results showed that nearly half of our cohort who had baseline BMD testing had osteopenia and a third developed osteopenia/osteoporosis during or after treatment. This emphasises the importance of routine baseline BMD testing and clear risk stratification and use of Calcium+Vitamin D as per published guidance.

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FLOSEAL FOR PREVENTING SYMPTOMATIC LYMPHOCELE AFTER PELVIC AND/OR PARA-AORTIC LYMPHADENECTOMY IN GYNECOLOGICAL CANCERS: A randomized controlled trial

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Introduction/Background To evaluate the role of FloSeal for preventing symptomatic lymphocele following pelvic and/or para-aortic lymphadenectomy in patients with gynecological cancers.

Methodology Between Oct 2014 and Apr 2015, 40 patients with gynecological cancers planned for surgical management were randomly placed into FloSeal and non-FloSeal groups in a 1:1 ratio. Lymphocele incidence was evaluated using intravenous contrast-enhanced, abdominopelvic computed tomography 3–6 months after surgery. The quality of life questionnaire was completed by patients at 1, 3, and 6 months after surgery. The incidence of symptomatic lymphocele was compared using a chi-square test.

Results All patients underwent bilateral pelvic lymph node dissection, and eight patients in each group (40% vs. 44.4%, P > 0.999) underwent para-aortic lymph node dissection. The...