

required clinician input. 431 (96.6%) treatments were carried out solely by the radiographers. There were no procedure related complications noted. Some of the reasons requiring clinician input were radiographer unavailability, anxious and tense patients requiring change in the size of applicator and vaginal bleeding requiring examination.

Conclusion/Implications Radiographer led VBT is safe, effective, frees up clinician time, improves service delivery and streamlines work force utilisation.

EP117/#831

ARE WE UNDERUTILIZING STEREOTACTIC BODY RADIOTHERAPY IN THE TREATMENT OF OLIGOMETASTATIC UTERINE CANCER?

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Introduction Oligometastatic disease is an intermediate state between locoregional disease and widely metastatic disease. Previous work by our group showed a significant difference between the median survival of uterine cancer patients with a single metastatic site versus multiple sites, hence we defined our oligometastatic cohort as having one metastatic site at diagnosis. In our current analysis we explore the trends of stereotactic body radiotherapy (SBRT) use in this oligometastatic population.

Methods The National Cancer Database was analyzed in patients diagnosed with uterine cancer between 2004–2019. We excluded patients with non-metastatic disease at diagnosis, lack of metastatic sites listed, multiple primaries and missing survival data. We included patients treated with radiotherapy and defined SBRT as ≤ 5 fractions and ≥ 500 cGy dose per fraction.

Results Among 641,276 women with uterine cancer, 17,343 remained after exclusion and 12,214 had oligometastatic disease. 23.7% of metastatic patients received radiation (4.3% SBRT) and 22.0% of oligometastatic patients received radiation (3.2% SBRT). Among the oligometastatic SBRT cohort, patients received a median total dose of 21 Gy (range 800 cGy–67 Gy). SBRT sites include: brain (46.3%), uterus (11%), lung (9.8%), spine (8.5%), pelvis (7.3%), extremity bone (6.1%), other bone (4.8%), vagina (2.4%), liver (1.2%), lymph node (1.2%) and other (1.2%). SBRT patients had a median age of 63, low comorbidity index scores, and were high income earners.

Conclusion/Implications SBRT is underutilized in the treatment of uterine cancers, particularly in oligometastatic disease. Increasing the use of SBRT may have implications for increasing overall survival in oligometastatic uterine cancer.

EP119/#398

RECURRENT POSTMENOPAUSAL BLEEDING: PATHOLOGICAL OUTCOMES AND PROGNOSTIC FACTORS. A MULTICENTER OBSERVATIONAL STUDY

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Introduction Recurrent postmenopausal bleeding (PMB) occurs in 6–25% of postmenopausal women. Controversy exists as to whether recurrent PMB leads to a higher risk of endometrial cancer (EC) in comparison to a first presentation of PMB. Additionally, little is known about predictive factors for recurrent PMB.

Methods We conducted an observational multicenter prospective cohort study over a 7 year period in four hospitals in the Netherlands. Women aged ≥ 40 years with PMB undergoing endometrial sampling were included after written consent was obtained. Occurrence of recurrent PMB was retrospectively determined. Chi-square, univariate and multivariate analysis were performed using SPSS28 to compare pathological outcomes and identify predictive factors. Central study approval was obtained (MEC 2015–740).

Results We included 468 women, of whom 28% experienced recurrent PMB. Median follow-up time was 61 months (IQR 54–69). Compared to women with recurrent PMB, women with one episode of PMB were more often diagnosed with a malignancy (RR 1.979, 95% CI 1.071–3.657, $p=0.023$) and less frequently with benign polyps (RR 0.735, 95% CI 0.547–0.987, $p=0.045$). Identified predictive factors for recurrent PMB include higher BMI (OR 1.041, 95% CI 1.004–1.079, $p=0.03$) and use of hormone replacement therapy (HRT) (OR 2.754, 95% CI 1.476–5.138, $p=0.001$). Presence of polyps was not independently associated with recurrence (OR 1.527, 95% CI 0.978–2.385, $p=0.063$).

Conclusion/Implications Recurrent PMB occurred in 28% of postmenopausal women. Women with recurrent PMB were less often diagnosed with malignancies and more frequently with benign polyps, compared to women with one episode of PMB. Predictive factors for recurrent PMB include high BMI and HRT.

EP123/#1544

IDENTIFICATION OF A DNA DAMAGE RESPONSE RELATED PROGNOSTIC MODELS IN ENDOMETRIAL CANCER

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Introduction Genomic instability is a hallmark of cancers, which leads to tumor heterogeneity and tolerance to chemoradiotherapy thus affecting the prognosis. Exploring the DDR gene in the prediction of prognosis, response of ICB and anti-tumor therapy is of great importance.

Methods RNA-seq data was from 19 endometrial cancer patients. 585 patients' data were from TCGA. Cox, Kaplan Meier, and Lasso logistic regression were used to screen the univariate factor and build the DDR nomogram. R 'limma' package was used to analyze the DEGs between the high and low-risk groups. Enrichment analysis was achieved. Immune infiltration status and ICB response prediction were performed. r-H2AX foci after UBE2T knockdown were analyzed. Comet assay was used to observe the DNA damage caused by UBE2T knockdown. Western blot was used to investigate DDR protein expression.

Results A DDR-related nomogram containing UBE2T and EME1 was established. UBE2T expression increased in high-risk group. The high-risk group showed different infiltration patterns. DDR nomogram exhibits an AUC of 0.764 to