patients with type II endometrial cancer treated at our hospital. Statistical methods were used to analyze the correlation between DDIT4 expression and other clinicopathological factors and to assess its prognostic role.

Results The expression analysis of hypoxia-inducible genes using the four types of endometrial cancer cells revealed that DDIT4 was among the 28 genes upregulated in all cells. Our immunohistochemical analysis of DDIT4 expression in endometrial cancer tissues showed that high DDIT4 expression was significantly correlated with a favorable prognosis in both progression-free survival and overall survival according to univariate and multivariate COX regression analyses. In recurrent cases, metastasis only to lymph nodes was significantly related to high DDIT4 expression, whereas metastasis to other parenchymal organs was significantly dominant in patients with low DDIT4 expression.

Conclusion/Implications DDIT4 expression can predict survival and recurrence in type II endometrial cancer, indicating its potential use as a prognostic biomarker.

EP151/#698 CD47 EXPRESSION AND MACROPHAGE INFILTRATION IN TYPE 2 ENDOMETRIAL CANCER

Tetsuya Matsukawa*, Nobuhisa Yoshikawa, Mei Kubokawa, Wenting Liu, Hiroaki Kajiyama.
Nagoya University Graduate School of Medicine, Obstetrics and Gynecology, Nagoya, Japan

10.1136/ijgc-2023-IGCS.244

Introduction This study aimed to investigate the role of CD47 in type 2 endometrial cancer and its relationship with macrophage infiltration and patient prognosis.

Methods A retrospective study was conducted on 75 patients with type 2 endometrial cancer who underwent hysterectomy between 2002 and 2017 at Nagoya University Hospital. Formalin-fixed paraffin-embedded tissue samples were collected and stained for CD47, CD68, and CD163 to assess macrophage infiltration. The correlation between CD47 expression, macrophage infiltration, and patient prognosis was analyzed.

Results CD47 expression was not significantly associated with prognosis in type 2 endometrial cancer. However, higher CD47 expression in tumor cells was significantly associated with fewer CD68 macrophages at the tumor margins. A poorer prognosis was observed in patients with more CD68 macrophages and fewer CD163 macrophages at the tumor margins compared to the other patients. No significant differences were observed in age, stage, or histological type.

Conclusion/Implications CD47 expression may not be a reliable prognostic factor for type 2 endometrial cancer. However, higher CD47 expression in tumor cells was found to be associated with fewer CD68 macrophages at the tumor margins, and a greater number of CD68 macrophages and a lower number of CD163 macrophages at the tumor margins were poor prognostic factors. Further investigation into the association between CD47 expression and macrophage subtypes in endometrial cancer is warranted.

EP152/#356 THE PROGNOSTIC SIGNIFICANCE OF PARA-AORTIC LYMPH NODE METASTASES IN ENDOMETRIAL CANCER: JAPANESE GYNECOLOGIC ONCOLOGY GROUP STUDY JGOG2043 POST HOC ANALYSIS

[1]Hiroko Matsumiya*, [1]Yosuke Konno, [2]Hidemichi Watari, [3]Michinori Mayama, [4]Jiro Suzuki, [5]Nobuyuki Susumu, [6]Kenichi Harano, [7]Kei Nakagawa, [8]Toru Nakanishi, [9]Wataru Yamagami, [10]Kosuke Yoshihara, [11]Hiroyuki Nomura, [12]Yoshihito Yokoyama, [13]Kazuhiro Takehara, [4]Aikou Okamoto. *[1]Hokkaido University Hospital, Department of Gynecology, Sapporo, Japan; [2]Hokkaido University school of medicine, Department of Obsterics and Gynecology, Sapporo, Japan; [3]University of Pennsylvania, School of Veterinary Medicine, Biomedical Science, Philadelphia, USA; [4]The Jikei University, Department of Obstetrics and Gynecology, Tokyo, Japan; [5]International University of Health and Welfare, Department of Obstetrics and Gynecology, Narita, Japan; [6]National Cancer Center Hospital East, Department of Medical Oncology, Kashiwa, Japan; [7]Osaka University, Department of Obstetrics and Gynecology, Suita, Japan; [8]Tohoku medical and pharmaceutical University, Department of Obstetrics and Gynecology, Sendai, Japan; [9]Keio University School of Medicine, Department of Gynecologic Oncology, Tokyo, Japan; [10]Niigata University Graduate School of Medical and Dental Sciences, Department of Obstetrics and Gynecology, Niigata, Japan; [11]Fujita Health University, Department of Obstetrics and Gynecology, Toyoake, Japan; [12]Hirosaki University, Department of Obstetrics and Gynecology, Hirosaki, Japan; [13]National Hospital Organization Shikoku Cancer Center, Department of Gynecologic Oncology,, Matsuyama, Japan*

10.1136/ijgc-2023-IGCS.245

Introduction Objective. This study aimed to examine the prognostic impact of para-aortic lymphadenectomy (PALX) in endometrial cancer patients at post-operative risk of recurrence.

Methods JGOG2043 was a clinical trial conducted to assess the efficacy of three distinct chemotherapeutic regimens as adjuvant therapy in endometrial cancer patients with post-operative recurrent risk. A retrospective analysis was performed on patients who underwent pelvic lymphadenectomy (PLX) alone or both PLX and PALX in JGOG2043. Cases with residual disease or missing data were excluded. The number of resected and positive nodes and other clinicopathologic risk factors for survival were retrieved.

Results Four hundred two patients underwent PLX and PALX, while 250 underwent PLX alone. It was difficult to evaluate the survival impact of PALX because the PALX was more frequently applied for higher-risk cases with high-risk histology, more than 1/2 myometrial invasion, and positive pelvic lymph nodes. In the PLX and PALX group, Kaplan-Meier analysis showed that patients with two or more para-aortic lymph node (PAN) metastases exhibited significantly inferior overall survival (OS) compared to those with 0–1 metastasis ($P<0.0001$). Multivariate analysis revealed that two or more metastases in PAN are one of the independent risk factors (HR, 2.52; 95%CI, 1.48–4.27; $P<0.001$), as well as high-risk histology and advanced age for OS.

Conclusion/Implications The therapeutic significance of PAN removal was difficult to assess in the JGOG 2043 cohort, but two or more PAN metastases were identified as a significant poor prognostic factor.