

AS04. Endometrial/Uterine corpus cancers

S0004/#886

THE EFFECT OF ROSUVASTATIN COMBINED WITH ORAL MEGESTROL ACETATE ON FERTILITY-PRESERVING TREATMENT IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA: A PROSPECTIVE, SINGLE-ARM PHASE II STUDY

¹Bingyi Yang, ¹Xiaojun Chen, ²Weimei Shan*, ²Yali Cheng. ¹The Obstetrics and Gynecology Hospital of Fudan University, Gynecologic Department, No. Shenyang Road, China; ²Obstetrics and Gynecology Hospital of Fudan University, Gynecology, Shanghai, China

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Introduction To explore the effect of rosuvastatin combined with oral megestrol acetate on fertility-preserving treatment in patients with atypical endometrial hyperplasia (AEH).

Methods This was a single-center phase II study with an open-label, single-arm, phase 2 trial conducted between September 2020 and June 2022. We enrolled patients with newly diagnosed untreated AEH and dyslipidemia. Patients received MA 160 mg plus rosuvastatin 10 mg orally daily. The primary endpoint was complete response (CR) rate at 16 weeks of treatment. A Simon two-stage design was used to compare a null hypothesis of <20% response rate against an alternative of 40%.

Results Thirty-six patients were enrolled in the intention-to-treat population with a median BMI of 28.87 kg/m². Thirteen patients (36.1%) had a complete response at 16 weeks of treatment, and the Kaplan-Meier estimate of 16-week CR rates (with 95% confidence interval) was 36.1% (25.0–45.4%). Considered high BMI in these patients may reduce CR rate, we retrospectively collected data from all newly diagnosed AEH patients with dyslipidemia and MA-treated in our hospital from 2016 to 2022, and the Kaplan-Meier estimate of 16-week CR rates (with 95% CI) was 22.5% (16.6–34.1%). After adjusting for patient age, BMI, insulin resistance, metabolic syndrome and previous medical history, the use of rosuvastatin (HR, 1.130; 95%CI, 1.012–1.263; P=0.031) was significantly correlated with better treatment effects to achieve CR.

Conclusion/Implications Due to higher BMI in study population, our data did not meet the predefined primary outcome. Compared with AEH patients with dyslipidemia using MA alone, the combined use of rosuvastatin did improve the treatment effects.

AS06. Genetics and epidemiology

S0005/#633

OUTCOMES OF LYNCH SYNDROME ENDOMETRIAL CANCER SURVEILLANCE IN A NATION-WIDE COHORT

^{1,2}Ellis L Eikenboom, ²Lotte Van Leeuwen, ³Floris Groenendijk, ^{4,5}Monique E Van Leerdam, ¹Manon CW Spaander, ⁶Helena C Doorn*, ²Anja Wager. ¹Erasmus MC, University Medical Center Rotterdam, Gastroenterology and Hepatology, Rotterdam, Netherlands; ²Erasmus MC Cancer Institute, University Medical Center Rotterdam, Clinical Genetics, Rotterdam, Netherlands; ³Erasmus MC Cancer Institute, University Medical Center Rotterdam, Pathology, Rotterdam, Netherlands; ⁴Leiden University Medical Center, Department of Gastroenterology and Hepatology, Leiden, Netherlands; ⁵Netherlands Cancer Institute Amsterdam, Department of Gastrointestinal Oncology, Amsterdam, Netherlands; ⁶Erasmus MC Cancer Institute, University Medical Center Rotterdam, Gynecologic Oncology, Rotterdam, Netherlands

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Introduction Female carriers of the Lynch syndrome (LS) have an increased risk to develop endometrial cancer (EC). Dutch guidelines advise annual gynecological examination between age 40 and 60. It is hitherto unclear to what extent gynecological screening in this population contributes to earlier detection of EC. Therefore, screening outcomes were assessed in a nationwide cohort of LS carriers.

Methods This retrospective cohort study used data from molecularly proven LS carriers included in a prospectively maintained, national, voluntary database. Data were linked to the Dutch National Pathology Registry to assess EC development. Enrollment in a gynecological surveillance program, EC stage, and cause of death were obtained in corresponding patients' medical files.

Results Of 1255 female LS carriers registered in the Dutch LS database, 20.4% (n=256) was not yet eligible for surveillance. Of eligible women, 44.5% (n=558) was enrolled in gynecological surveillance (surveillance group), and 35% (n=441) had no surveillance whatsoever (no surveillance group). In the surveillance group, 18.3% (n=102) developed EC, of which 52% (n=53) in stage I/II versus 42.2% (n=43) in stage III/IV. For 5.9% (n=6), stage was unknown. In the no surveillance group, 16.8% (n=74) developed EC, of which 47.3% (n=35) in stage I/II versus 48.6% (n=36) in stage III/IV, and 4.0% unknown (n=3). In each group, two carriers died from EC.

Conclusion/Implications Gynecological surveillance complying with Dutch guidelines did not seem to cause much earlier EC detection and did not seem to have an effect on death due to EC in female LS carriers.

AS03. Cervical cancer

S0006/#55

REGULAR DILATION AND/OR SEXUAL ACTIVITY SHOW LESS RISK FOR VAGINAL STENOSIS IN CERVICAL CANCER PATIENTS

¹Kathrin Kirchheiner*, ¹Alexandru Zaharie, ²Stéphanie Smet Smet, ³Sofia Spampinato, ⁴Cyrus Chargari, ⁵Umesh Mahantshetty, ⁶Barbara Šegedin, ⁷Kjersti Bruheim, ⁸Bhavana Rai, ⁹Rachel Cooper, ¹⁰Elzbieta Van Der Steen-Banasik, ¹¹Ericka Wiebe, ¹Richard Pötter, ¹Christian Kirisits, ¹Maximilian Schmid, ⁴Christine Haie-Meder, ³Kari Tanderup, ¹²Astrid De Leeuw, ¹²Ina Jürgenliemk-Schulz, ¹³Remi Nout. ¹Medical University Vienna, Radiation Oncology, Vienna, Austria; ²AZ Turnhout, Radiation Oncology, Turnhout, Belgium; ³Aarhus University Hospital, Oncology, Aarhus N, Denmark; ⁴Gustave-Roussy, Radiotherapy, Villejuif, France; ⁵Tata Memorial Center, Homi Bhabha Cancer Hospital and Research Center, Punjab, India; ⁶Institute of Oncology Ljubljana, University of Ljubljana, Radiotherapy, Faculty of Medicine, Ljubljana, Slovenia; ⁷The Radium Hospital, Oslo University Hospital, Oncology, Oslo, Norway; ⁸Postgraduate Institute of Medical Education and Research, Radiotherapy and Oncology, Chandigarh, India; ⁹St James's University Hospital, Leeds Cancer Centre, Leeds, UK; ¹⁰Radiotherapiegroep Arnhem, Radiotherapy, Arnhem, Netherlands; ¹¹Cross Cancer Institute and University of Alberta, Oncology, Edmonton, Canada; ¹²University Medical Center Utrecht, Radiation Oncology, Utrecht, Netherlands; ¹³Erasmus MC Cancer Institute, University Medical Center, Radiotherapy, Rotterdam, Netherlands

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Introduction Purpose/Objective: To evaluate the association between regular vaginal dilation and/or sexual activity on vaginal stenosis in locally advanced cervical cancer patients after definitive radiochemotherapy and image-guided adaptive brachytherapy from the EMBRACE-I study.

Methods Material/Methods Physician-assessed vaginal stenosis (CTCAEv.3), vaginal dilation and patient-reported sexual activity (EORTC-QLQ-CX24) were prospectively assessed at baseline and during regular follow-up. For this longitudinal