EP156/#642 SURVIVAL OUTCOMES IN ADVANCED STAGE OPERABLE CARCINOMA ENDOMETRIUM: EXPERIENCE OF SURGICAL TREATMENT AT A TERTIARY CARE CANCER CENTRE

[1]Shweta Rai, [2]Upasana Palo*, [2]Anik Ghosh, [2]Basumita Chakraborti, [2]Jagannath Mishra, [2]Subhashree Rout, [3]Santam Chakraborty, [3]Tapesh Bhattacharyya, [4]Joydeep Ghosh, [4]Somnath Roy, [2]Jaydip Bhaumik. *[1]Mahamana Pandit Madam Mohan Malviya Cancer Center, Gynecologic Oncology, Varanasi, India; [2]Tata Medical Centre, Kolkata, Gynecologic Oncology, Kolkata, India; [3]Tata Medical Centre, Kolkata, Radiation Oncology, Kolkata, India; [4]Tata Medical Centre, Kolkata, Medical Oncology, Kolkata, India*

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Introduction There is a lack of consensus regarding the surgical management of advanced-stage endometrial cancer. We aim to look at survival outcomes of advanced-stage carcinoma endometrium, managed through surgery and adjuvant treatment.

Methods This was a retrospective study from a tertiary care cancer centre in India that included all women registered between 1st August 2011 and 31st January 2021 with operable advanced-stage carcinoma endometrium (stages 3 and 4). Their relevant data were collected from electronic medical records.

Results Out of 1760 endometrial cancer cases screened 102 women with stage 3 and 4 disease were operable. The mean age was 59 years. Most women were parous (85%) with an ECOG status of 0 or 1 (90%). Histopathology was high grade in 73 women (71.6%). Surgeries performed were: Staging surgery 50(49%), debulking surgery 38(37.2%), surgery after chemotherapy 6(5.8%). Eight women (7.8%) were operable but given only chemotherapy for various reasons. 72 (76.6%) patients received planned adjuvant treatment. Overall, 50 patients (56.8%) were upstaged after surgery. At the time of analysis, 32 (31.4%) women were alive without disease. Median disease-free survival of stage 3, stage 4 and both combined were 32.8 months (95%CI: 0–87), 19 months (7.6–30.3), and 23.5 months (95% CI: 13.7–33.2) respectively. Median overall survival was not reached for stage 3. For stage 4 and both combined, it was 41 months (95% CI: 18.8–63.1) and 50.1 months (95% CI: 31.2–69.1) respectively.

Conclusion/Implications Upfront surgery in advanced-stage endometrial carcinoma gives a respectable survival outcome after maximal surgical attempt.

EP157/#814 THE DIFFERENCE BETWEEN ESTROGEN RECEPTOR AND PROGESTERONE RECEPTOR POSITIVITY IN TYPE I AND TYPE II ENDOMETRIAL CANCER

Minjeong Park*, Eunhyun Lee, Jisoo Lee, Minseong Choi, Yong-Il Ji. *Inje University, Haeundae Paek Hospital, Obstetrics and Gynecology, Busan, Korea, Republic of*

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Introduction Endometrial cancer is a major gynecological cancer in women and can be classified into two types: type I and type II. Type I endometrial cancer is often estrogen-dependent and typically express estrogen receptors (ER) and progesterone receptors (PR), while Type II endometrial cancer is known to do not typically express these receptors and has a poor prognosis. This study aims to investigate the differences in ER and PR positivity between Type I and Type II endometrial cancer.

Methods A retrospective analysis was performed on medical records of 170 endometrial cancer patients who underwent molecular analysis between 2010 and 2022 at a single-center. Immunohistochemistry was used to assess ER and PR expression in tumor samples, and the results were compared between the two groups.

Results Of 161 patients, 80(49.69%) were diagnosed with Type I endometrial cancer, and 81(50.31%) were diagnosed with Type II endometrial cancer. The study found that ER or PR positivity was significantly higher in Type I endometrial cancer compared to Type II endometrial cancer (Type I – 84.21% vs. Type II – 65.45%). Specifically, ER positivity was observed in 78.79% of Type I compared to 55.93% of Type II. And PR positivity was 80.36% of Type I compared to 50.91% of Type II endometrial cancer.

Conclusion/Implications In conclusion, the results of this study highlight the importance of distinguishing between Type I and Type II endometrial cancer and tailoring treatment strategies accordingly based on the expression of ER and PR.

EP158/#445 SURVIVAL AND QUALITY OF LIFE IN PATIENTS WITH UTERINE CARCINOSARCOMA: A TERTIARY CENTER OBSERVATIONAL STUDY

[1]Eveline Pham*, [1]Caroline Van Den Berg, [1]Marianne Maliepaard, [2]Ingrid Boere, [3]Jan Willem Mens, [4]Floris Groenendijk, [1]Heleen Van Beekhuizen. *[1]Erasmus MC Cancer institute, University Medical Center Rotterdam, Gynaecology Oncology, Rotterdam, Netherlands; [2]Erasmus MC Cancer institute, Medical Oncology, Rotterdam, Netherlands; [3]Erasmus MC Cancer institute, University Medical Center Rotterdam, Radiation Oncology, Rotterdam, Netherlands; [4]Erasmus MC Cancer institute, University Medical Center Rotterdam, Pathology, Rotterdam, Netherlands*

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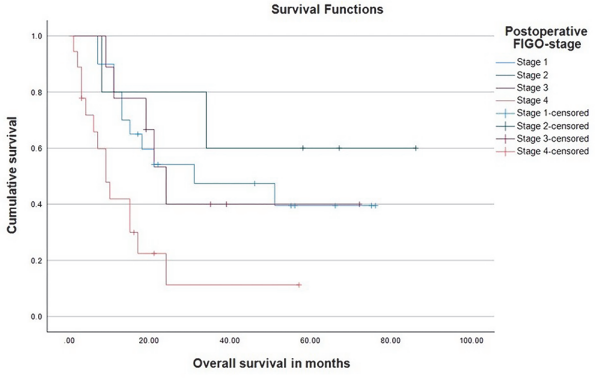
Introduction Patients with uterine carcinosarcoma (UCS) have a dismal prognosis despite receiving extensive treatment which also may abate the quality of life (QoL). Our aim is to determine the survival in patients with UCS and to assess the QoL during and after treatment.

Methods An observational study was performed in the Erasmus Medical center between 2016 – 2021, including all patients with UCS. Clinical data was collected from diagnosis until 5 years after treatment or death. EORTC QLQ-C30 and -EN24 were obtained at four time points: pre-operative, end



Abstract EP158/#445 Figure 1 Kaplan-Meier curve for overall survival (OS) among patients with FIGO stage I, II, III and IV UCS. Patients who were lost to follow up or alive at end of follow up are censored