

reviewed by two pathologists with expertise in gynecological oncology. Clinical data were obtained when the diagnosis was confirmed. Primary outcome is progression free survival, secondary outcomes are duration of follow-up, adverse events related to surgery and overall survival.

Results A total of 23 patients from 13 medical centers were included, of whom 15 (65.2%) presented with postmenopausal blood loss. In 17 patients (73.9%) the intraepithelial lesion was present in an endometrial polyp. All patients underwent hysterectomy of whom 12 patients (52.2%) were surgically staged. None of the staged patients showed extrauterine disease. Two patients received adjuvant brachytherapy. There were no recurrences of disease (median follow-up duration of 35.6 months (range; 1.0–108.6) and there were no disease-related deaths in this cohort.

Conclusion/Implications In patients with serous endometrial intraepithelial carcinoma median progression free survival reached nearly three years and no recurrences have been reported. Our results do not endorse the WHO 2014 advice to treat serous endometrial intraepithelial carcinoma as high grade, high risk endometrial carcinoma. Full surgical staging might possibly lead to overtreatment.

EP175/#1348

ANALYSIS OF ENDOOMETRIAL CARCINOGENESIS AND PROGNOSTIC-RELATED GENES IDENTIFIES ECT2 AS A POTENTIAL TARGET

Xiangguang Wu*, Yu Wu, Liang-Sheng Fan, Wei Wang. *The First Affiliated Hospital of Guangzhou Medical University, Obstetrics and Gynecology, Guangzhou, China*

10.1136/ijgc-2023-IGCS.263

Introduction Based on bioinformatics analysis and clinical tissue sample verification, this study sought potential targets for prediction and diagnosis in uterine corpus endometrial carcinoma (UCEC).

Methods The DEGs in endometrial carcinoma cohorts of GEO and TCGA were analyzed by R and the series test of cluster was performed by STEM software. GO and KEGG analysis and PPI analysis were performed to screen for Hub genes. The expression level and prognostic analysis of these genes were verified in the online database. The expression of ECT2 was validated by immunohistochemistry in local clinical endometrial samples.

Results There are 763 common DEGs (368 up-regulated genes and 395 down-regulated genes) and 530 genes of endometrial carcinogenesis related cluster. 13 Hub genes were selected for further analysis, 9 significantly differential genes were selected as follow: ASPM, ATAD2, BUB1B, ECT2, KIF14, NUF2, HELLS, NCAPG and SPAG5. The ROC curves of candidate genes revealed that ECT2 had the best diagnostic efficacy for UCEC. The expression level of ECT2 was significantly higher in endometrial carcinoma than that in normal endometria and differently among different FIGO stages and pathological grades in UCEC. The level of ECT2 in local endometrial samples, including normal endometria (30 cases), simple hyperplasia (30 cases), atypical hyperplasia (52 cases), and endometrial carcinoma (83 cases) revealed an increase gradually trend from normal to cancer. ECT2 can significantly distinguish and help diagnose normal endometrium, simple hyperplasia, atypical hyperplasia and endometrial cancer.

Conclusion/Implications ECT2 is expected to become a potential marker for the screening and diagnosis of endometrial carcinoma.

EP177/#720

THE EFFECT OF TCGA MOLECULAR TYPING AND IMMUNOHISTOCHEMICAL MARKERS ON THE PROGNOSIS OF ENDOMETRIOD CARCINOMA WITH FERTILITY-SPARING TREATMENT

¹Lin Yang*, ²Hongyan Guo. ¹*Peking University Third Hospital, Department of Obstetrics and Gynecology, Beijing, China;* ²*Peking University Third Hospital, Obstetrics and Gynaecology, Beijing, China*

10.1136/ijgc-2023-IGCS.264

Introduction For early young and non-pregnant patients with endometrioid carcinoma. Drug treatment can reverse the carcinoma. But there are several problems: (1) there is a significant individual difference in reaching complete regression (CR) after 3-month treatment. (2) The recurrence rate after CR is high. The purpose of this study is to investigate the correlation between TCGA molecular typing and immunohistochemical markers with 3-month CR and recurrence in patients with conservative treatment.

Methods The paraffin pathological specimens of 71 patients with stage IA and G1-G2 endometrioid carcinoma who underwent conservative treatment in Peking University Third Hospital from January 2010 to October 2022 were collected retrospectively for TCGA molecular typing and immunohistochemical staining (including PTEN, PIK3CA, β -catenin, ARID1A, ER, PR) to explore the influencing factors of 3-month CR and recurrence.

Results There were 2 MSI-H subtypes, 1 high copy-number subtype, 68 low copy-number subtypes and no POLE mutations. Univariate and multivariate logistic analysis showed those PTEN-positive, ER and PR high-expression were more likely to achieve 3-month CR (OR=24.811, P=0.034; OR=9.428, P=0.025; OR=29.178, P=0.011). Univariate and multivariate COX regression analysis showed that patients with high-expression PIK3CA were more likely to recurrence (OR=12.750, P=0.017).

Conclusion/Implications Patients with PTEN positive, ER and PR high-expression are more likely to achieve 3-month CR after treatment. Individuals with high expression of PIK3CA are more likely to relapse after CR. Further expansion of sample size is needed to confirm the impact of TCGA molecular typing on the prognosis of endometrioid carcinoma with fertility-sparing treatment.

EP178/#1561

EFFECT OF BLOOD LIPIDS ON THE CLINICAL EFFICACY OF FERTILITY-PRESERVING TREATMENT IN PATIENTS WITH ENDOMETRIAL CANCER

¹He Yijiao*, ²Jianliu Wang, ¹Bo Linlin, ¹Yiqin Wang, ¹Liu Yuanyuan. ¹*Peking University People's Hospital, Obstetrics and Gynecology, Peking, China;* ²*Peking University People's Hospital, Department of Obstetrics and Gynecology, Beijing, China*

10.1136/ijgc-2023-IGCS.265

Introduction The age of onset of endometrioid adenocarcinoma is progressively younger, and changes in dietary habits

have led to an increase in dyslipidemia problems in young people. This study intends to analyze the effect of blood lipids on the clinical efficacy of fertility-preserving treatment in patients with atypical endometrial hyperplasia and endometrial cancer.

Methods The clinical data of 109 patients with atypical endometrial hyperplasia and endometrial cancer who received fertility-preserving treatment in the Department of Obstetrics and Gynecology, Peking University People's Hospital (Dec. 2005 to Sep. 2022) were collected, and a retrospective analysis was performed on the clinical characteristics, histopathology results, outcomes, and blood lipids.

Results Divide patients into three groups based on age: ≤ 29 years old ($n=36$), >29 years old or ≤ 35 years old ($n=45$), >35 years old ($n=28$). It was found that blood lipids gradually increase with age. Especially low density lipoprotein cholesterol ($P=0.013$) and total cholesterol ($P=0.045$). After 3 months of progesterone treatment, both low-density lipoprotein cholesterol and high-density lipoprotein cholesterol in the patient's blood significantly increased ($P<0.05$). According to the clinical efficacy of progesterone, patients were divided into an insensitive group and a sensitive group. Low density lipoprotein cholesterol ($P=0.004$) and free fatty acids ($P=0.02$) were found to be influencing factors for progesterone insensitivity ($P=0.004$).

Conclusion/Implications Pay attention to the whole process of blood lipid management in patients of atypical endometrial hyperplasia and endometrial cancer, especially in patients with dyslipidemia treated with progesterone.

EP179/#734

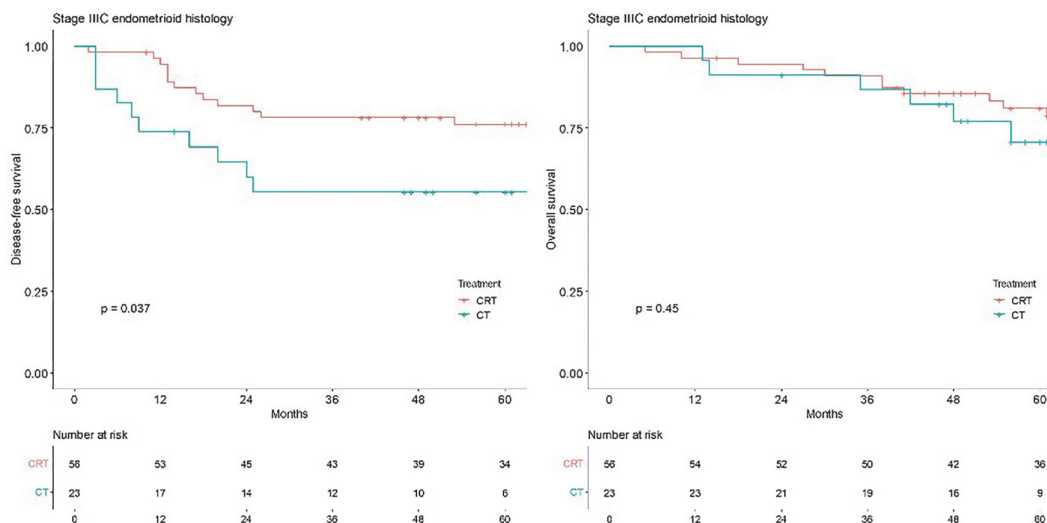
POSTOPERATIVE COMBINED CHEMOTHERAPY AND RADIOTHERAPY FOR STAGE III ENDOMETRIAL CANCER: AN UPDATED SURVIVAL ANALYSIS OF A MULTICENTER RETROSPECTIVE STUDY

¹Ji Geun Yoo*, ²Jin Hwi Kim, ²Chan Joo Kim, ³Hae Nam Lee, ⁴Min Jong Song, ⁵Dong Choon Park, ⁵Joo Hee Yoon, ⁵Sang Il Kim, ⁶Soo Young Hur, ⁶Sung Jong Lee. ¹Daejeon St. Mary's hospital, Obstetrics and Gynecology, Daejeon, Korea, Republic of; ²Catholic University of Korea Uijeongbu St. Mary's Hospital, Gynecologic Oncology, Uijeongbu City, Gyeonggi-do, Korea, Republic of; ³Bucheon St. Mary's Hospital, Obstetrics and Gynecology, Bucheon, Korea, Republic of; ⁴Yeouido St. Mary's Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; ⁵St. Vincent's Hospital, Obstetrics and Gynecology, Suwon, Korea, Republic of; ⁶Seoul St. Mary's Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2023-IGCS.266

Introduction Our previous report showed the efficacy and toxicity of adjuvant combination chemotherapy and radiation therapy (CRT) compared with chemotherapy alone (CT) in patients with stage III endometrial cancer. Here we present updated survival data with a median follow-up period of 60.0 months.

Methods Medical records of patients who received standard surgical treatment for stage III endometrial cancer at six hospitals from January 2009 to December 2019 were retrospectively reviewed. Patients who received postoperative adjuvant CRT or CT were included. Disease-free survival (DFS) and overall survival (OS) was compared using Kaplan-Meier



Abstract EP179/#734 Figure 1