method and log-rank test. The data cutoff date was May 1, 2013.

Results A total of 133 patients were included in the analysis, 80 (60.2%) in the CRT group and 53 (39.8%) in the CT group. In the overall population, 5-year DFS (CRT, 73% vs. CT, 65%, log-rank P = 0.290) and OS (81% vs. 75%, log-rank P = 0.400) rates were similar between treatment groups. In the subgroup of patients with stage IIIC endometrioid endometrial cancer, the CRT group had a significantly longer 5-year DFS rate compared with the CT group (76% vs. 55%, log-rank P = 0.037), but not for OS (81% vs. 71%, log-rank P = 0.450). Multivariable Cox regression analysis identified that CRT was the only independent favorable prognostic factor for DFS in this subgroup (adjusted HR, 0.43 (95% CI 0.19–0.97), P = 0.044).

Conclusion/Implications For patients with stage IIIC endometrioid endometrial cancer, CRT was associated with an improved long-germ DFS compared with CT.

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VALIDATION OF THE 2023 FIGO ENDOMETRIAL CANCER STAGING SYSTEM

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Introduction Objective: To validate the revised 2023 International Federation of Gynecology and Obstetrics (FIGO) endometrial cancer staging system, focusing on stage I and II diseases.

Methods Endometrial cancer patients [A1] who received minimally invasive surgery between 2015 and 2017 were enrolled in a retrospective cohort research utilizing the Japan Society of Obstetrics and Gynecology Tumor Registry database. [A2] Stage I disease comprised IA1 (tumor limited to the endometrium), IA2 (< half of myometrial invasion [MI] without LVSI in non-aggressive tumor), IA3 (low-grade endometrioid tumor limited to the uterus and ovary), and IB (more than half of MI without LVSI in a non-aggressive tumor). Stage II comprised IIA (stromal invasion), IIB (substantial LVSI), and IIC (aggressive tumor with MI). Multivariable analysis was performed for survival assessment based on cancer stage.

Results In stage I (n=2937), IA2 was not associated with an increased mortality risk rate compared to IA1 (adjusted hazard ratio [aHR], 1.04; 95% confidence interval [CI], 0.55–1.96; P=0.902). IA3 and IB were independently associated with an increased mortality rate (aHR, 3.8; 95%CI, 1.01–14.30; P=0.048; and aHR, 2.39; 95%CI, 1.04–5.48; P=0.039, respectively). In stage II (n=696), IIB had a worse, though non-significant, survival rate tendency compared to IIA (aHR, 5.35; 95%CI, 0.74–39.34; P=0.099). IIC was independently associated with an increased mortality rate (aHR, 14.86; 95%CI, 2.02–106.8; P=0.008).

Conclusion/Implications The 2023 FIGO staging system for endometrial cancer might be useful to distinguish survival groups among stages IA3, IB, IIA, IIB, and IIC.

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IMPACT OF THE TYPE OF HYSTERECTOMY ON PROGNOSIS IN PATIENTS WITH STAGE II ENDOMETRIAL CANCER: A RETROSPECTIVE COHORT ANALYSIS

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Introduction In patients with stage II endometrial cancer, a radical hysterectomy is recommended. Nevertheless, it is associated with complications such as longer operative time, greater blood loss, and post-operative urinary retention. Thus, a simpler hysterectomy can be done with adjuvant treatment to reduce local recurrence and with lesser postoperative morbidity. The aim of this study is to determine the impact of...