

**Abstract EP179/#734 Table 1** Factors associated with disease-free survival in FIGO stage IIIC endometrioid endometrial cancer

Characteristics	Univariate analysis			Multivariate analysis		
	HR	95% CI	P	HR	95% CI	P
Age ( $\geq 60$ vs. $<60$ )	1.99	(0.87-4.55)	0.102			
BMI ( $\geq 24$ vs. $<24$ )	0.98	(0.42-2.22)	0.960			
Medical comorbidities						
Hypertension (yes vs. no)	0.82	(0.37-2.19)	0.820			
Diabetes (yes vs. no)	1.01	(0.24-4.32)	0.986			
WHO performance status score (3-4 vs. 1-2)	3.49	(1.02-11.91)	0.046	Eliminated		
Tumor size ( $\geq 4$ cm vs. $<4$ cm)	2.26	(0.83-6.16)	0.112			
Invasion depth ( $\geq 50\%$ vs. $<50\%$ )	2.78	(0.82-9.40)	0.100			
Stage (IIIC2 vs. IIIC1)	0.91	(0.40-2.06)	0.815			
Grade						
2-3 vs. 1	1.16	(0.39-3.40)	0.792			
3 vs. 1-2	0.90	(0.36-2.29)	0.829			
Open surgery vs. MIS	1.77	(0.76-4.09)	0.183			
CRT vs. chemotherapy alone	0.43	(0.19-0.97)	0.044	0.43	(0.19-0.97)	0.044
Dose reduction or discontinuation (yes vs. no)	1.91	(0.83-4.43)	0.130			

Covariates with  $P < 0.1$  on univariate analysis were included in multivariate model.  
FIGO, International Federation of Gynecology and Obstetrics; HR, hazard ratio; CI, confidence interval; WHO, World Health Organization; MIS, minimally invasive surgery; CRT, chemoradiotherapy.

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-term DFS compared with CT.

EP180/#587

### 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 [A3] 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–[A1] 1.96;  $P=0.902$ ). IA3 and IB were independently associated with an increased mortality risk (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 [A2]) compared to IA1. 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.

EP181/#16

### 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