

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 (≥ 60 vs. <60)	1.99	(0.87-4.55)	0.102			
BMI (≥ 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 (≥ 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

hysterectomy type on prognosis and the pattern of relapse in patients with stage II endometrial cancer.

Methods The study was approved by the Institutional Review Board; patient charts from the outpatient department of a tertiary hospital Section of Gynecologic Oncology of endometrial cancer patients with stage II disease from January 1, 2011 to December 31, 2020 were reviewed.

Results The recurrence-free survival was higher among patients who underwent intrafascial and extrafascial hysterectomies at 12- and 24 months. However, at 36 months, those in the radical hysterectomy group have better recurrence-free survival (66%). For patients who underwent intrafascial hysterectomy, the overall survival at 12 and 24 months were 100%. For the extrafascial hysterectomy group, at 12 and 24 months, 100% overall survival; 88.89% (CI 43.3–98.36) at 36 months. For the radical hysterectomy group, at 12, 24, and 36 months, 100% overall survival, respectively. At 36 months, the radical hysterectomy group has better overall survival.

Conclusion/Implications The result of the retrospective study proposes that patients with stage II endometrial cancer who underwent radical hysterectomy had fewer recurrences. The radical hysterectomy group has also better overall survival as compared to the extrafascial hysterectomy group.

EP182/#276

MOLECULAR CHARACTERIZATION OF STAGE I, GRADE 3 ENDOMETRIOID ENDOMETRIAL CANCER

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Introduction Endometrioid endometrial cancers (EECs) are clinically and molecularly heterogeneous. We sought to investigate the molecular landscape of stage I, grade 3 EECs.

Methods Patients with stage I, grade 3 EECs who underwent surgical staging from 1/2014–1/2020 were identified. Clinicopathologic data were curated from electronic medical records. All EECs underwent tumor-normal targeted panel sequencing of up to 505 cancer-related genes and were classified by molecular subtype. POLE-mutated EECs were excluded from mutational analyses, as they are ultramutated tumors.

Results Seventy-five patients were identified. Unlike stage I, grade 1 EECs, which are mostly of copy number (CN)-low molecular subtype, most of our stage I, grade 3 EECs were of POLE (25/75, 33%) or microsatellite instability (MSI)-high (24/75, 32%) molecular subtypes; 20% (15/75) were CN-high and 15% (11/75) CN-low. Patients with MSI-high EECs, compared to other subtypes, were more likely to have deep myometrial invasion ($p=0.02$) and to have received chemotherapy ($p=0.01$). After exclusion of POLE EECs, 50 patients met criteria for mutational analyses. The most common alterations affected PTEN (68%), ARID1A (46%), PIK3CA (42%), and PIK3R1 (38%). Stage I, grade 3 EECs with positive lymphovascular space invasion, compared to those without, more frequently harbored PTEN (86% vs 56%, $p=0.03$), PIK3R1 (57% vs 28%, $p=0.04$), and MAP2K4 (19% vs 0%, $p=0.03$) mutations. Stage IB cases, compared to stage IA cases, were

more likely to harbor FBXW7 (29% vs 6%, $p=0.04$) and KMT2D (64% vs 25%, $p=0.02$) mutations.

Conclusion/Implications Stage I, grade 3 EECs are a heterogeneous group of tumors with varying mutational profiles and molecular subtypes.

EP183/#1565

META-ANALYSIS OF THE APPLICATION VALUE OF SENTINEL LYMPH NODE MAPPING IN EARLY STAGE HIGH-RISK ENDOMETRIAL CANCER

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Introduction Endometrial cancer is a common gynecological malignancy. Lymph node information is important for evaluating the prognosis. Current studies have shown that sentinel lymph node mapping (SLNM) in early stage low-risk endometrial cancer has satisfactory SLN detection rate, sensitivity without affecting PFS and OS. However, the feasibility of SLNM in early stage high-risk endometrial cancer is still under hot debate.

Methods The PubMed, Embase, Cochrane Library, Web of science, and Scopus were retrieved. The search deadline is November 1, 2022. Inclusion criteria was, over 10 patients, only high-risk endometrial cancer, detection rate, sensitivity and PFS, OS, recurrence rate were reported.

Results A total of 17 articles met the inclusion criteria, of which 12 were diagnostic studies, 7 were therapeutic studies. The total SLN detection rate is 85%. The bilateral detection rate of SLN is 62.5%. The detection rate of para-aortic SLN is 11.1%. The detection rate of isolated para-aortic SLN detection rate is 0.3%. The sensitivity is 91%. The SLNM group has a lower recurrence rate than that in the LAD group (OR: 0.504; $p = 0.0001$); SLNM group reduces the risk of death compared to LAD group, 36-month OS is better (HR = 0.30; $p = 0.02$).

Conclusion/Implications The application of SLNM in early stage high-risk EC patients is feasible with good SLN detection rate and sensitivity. Compared with traditional LAD, SLNM has similar positive lymph node detection rate and adjuvant therapy rate, not affecting PFS and OS. It may even reduce the risk of recurrence by identifying the lymph nodes which are most relevant to metastasis.

AS05. Fertility/Pregnancy

EP184/#803

ONCOFERTILITY IN OVARIAN TUMOURS AT A TERTIARY REFERRAL CENTRE IN SINGAPORE

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Introduction The gynaecological oncofertility service was set up with the aim to provide holistic counselling to young women with gynaecological cancers, to optimize their fertility