



Abstract PR032/#594 Figure 2

FIGO grade 3, ER-negative endometrioid tumors and/or non-endometrioid features, and a more favorable group (FIGO grade 1/2 endometrioid ER positive carcinomas). Utilizing ER-IHC with histology and FIGO grade allows for better risk-stratification of patients with CNL-EC.

PR033/#878

DIAGNOSTIC AND PROGNOSTIC ROLE OF CIRCULATING NEUTROPHIL EXTRACELLULAR TRAP MARKERS AND PREKALLIKREIN IN PATIENTS WITH ENDOMETRIAL CANCER

¹Seung Jun Lee*, ²Se Ik Kim, ³Jae-Weon Kim, ²Maria Lee. ¹Seoul National University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; ²Seoul National University Hospital, Department of Obstetrics and Gynecology, Seoul, Korea, Republic of; ³Seoul National University, Obstetrics and Gynecology, Seoul, Korea, Republic of

10.1136/ijgc-2023-IGCS.75

Introduction Tumor-promoting inflammation is among the hallmarks of cancer. Prekallikrein is among the acute-phase reactants in the inflammatory response; moreover, neutrophils release nuclear contents into the extracellular space to create neutrophil extracellular traps (NET). We aimed to investigate the diagnostic and prognostic utilities of circulating plasma NET markers and prekallikrein for endometrial cancer.

Methods Circulating levels of three NET markers (histone-DNA complex, cell-free DNA, and neutrophil elastase) and prekallikrein were measured in 100 patients with endometrial cancer and 30 healthy controls. We used an area under the receiver operating characteristic curve (AUC) analysis to investigate their diagnostic and prognostic utilities for HGSOE.

Results Compared with healthy controls, patients with endometrial cancer showed significantly higher levels of the three

NET markers and prekallikrein. Patients with advanced-stage endometrial cancer showed significantly higher levels of the cell-free DNA ($P<0.001$), compared with those with early-stage endometrial cancer. Further, the levels of histone-DNA complex, neutrophil elastase, and prekallikrein did not significantly differ according to the cancer stage. All markers showed significant diagnostic utility. Notably, a logistic regression-based model that comprised all four markers showed the strongest diagnostic power (AUC, 0.901). In multivariate analyses, neutrophil elastase was identified as an independent poor prognostic factor for overall survival and progression-free survival in patients with endometrial cancer.

Conclusion/Implications The levels of the three NET markers and prekallikrein might be novel diagnostic and prognostic markers for endometrial cancer.

PR034/#973

ONCOLOGIC OUTCOMES OF ROBOT-ASSISTED LAPAROSCOPY VERSUS LAPAROSCOPY FOR THE TREATMENT OF APPARENT EARLY STAGE ENDOMETRIOID ADENOCARCINOMA OF THE UTERUS

¹Yu Hui Lim*, ¹Christian Dagher, ^{1,2}Nadeem Abu-Rustum, ¹Jennifer Mueller, ¹Yukio Sonoda, ¹Oliver Zivanovic, ¹Vance Broach, ¹Mario Leitao. ¹Memorial Sloan Kettering Cancer Center, Gynecology Service, Department of Surgery, New York, USA; ²Memorial Sloan Kettering Cancer Center, Gynecologic Oncology, New York, USA

10.1136/ijgc-2023-IGCS.76

Introduction To compare long-term oncologic outcomes in women with apparent uterine confined (or early-stage) endometrioid endometrial cancer undergoing minimally invasive surgical (MIS) staging with or without robotic assistance (RA). **Methods** We performed a retrospective chart review of all patients with apparent early-stage endometrioid endometrial cancer diagnosed at Memorial Sloan Kettering Cancer Center between January 2008 and January 2018. Clinicopathologic, surgical, and survival data were collected. Appropriate statistical methods were applied.

Results Of 1728 patients, 1389 (80.4%) underwent RA-laparoscopy, and 339 (19.6%) laparoscopy. Median age at diagnosis was 60 years, range (24–92), median body mass index (BMI) at diagnosis was 30.2 kg/m², range (15.1–71.2). Patient demographics and tumor characteristics were similar in the two groups. Perioperative complications were similar in both groups (9.9% vs 7.7%, $p=0.2$). A higher proportion of patients in the RA group were discharged on day 0 (19.2% vs 5.3%, $p<0.001$). Median follow-up was similar in the RA vs. laparoscopy group (55.7 months vs 52.9 months, $p=0.37$). Comparing the RA and laparoscopic groups, the recurrence rate (9.5% vs. 7.4%, $p=0.22$), 5-year progression-free survival (88.5% vs. 90%, $p=0.38$), and 5-year overall survival (89% vs 89%, $p=0.74$) were not significantly different.

Conclusion/Implications In apparent early-stage endometrioid endometrial cancers, surgical staging using RA-laparoscopy was not associated with any significant increase in adverse survival outcomes compared to laparoscopy.