

#415 ANGIOGENETIC FACTORS PREDICT CLINICAL OUTCOME IN ENDOMETRIAL CANCER

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Introduction/Background Endometrial cancer (EC) is the most common gynecologic tumor in developed countries with poor prognosis in recurrent or metastatic setting. Recent clinical trials have shown activity of anti-angiogenic strategies (i.e. tyrosine kinase inhibitors) in advanced EC.

Methodology Compared to 25 non-malignant control tissues we evaluated RNA expression of ANGPT2, FGF2, VEGFA, PDGFB, PDGFRA, PDGFRB, PDGFA, KIT, VEGFR2 and CXCL8 in 239 EC. We performed association and survival analyses. A subgroup analysis with 81 patients was performed according to the PROMISE molecular classification (POLE, MMRd, p53abn and NSMP).

Results A 2-fold higher expression of PDGFA and VEGFA was found in EC ($p < 0.001$). High expression of PDGFB, on the other hand, was associated with reduced recurrence free survival (RFS; HR 1.932, $p = 0.018$), disease specific survival (DSS HR 2.075, $p = 0.016$) and overall survival (OS; HR 1.616, $p = 0.021$). Similarly, PDGFRA was associated with DSS (HR 2.200, $p = 0.048$), ANGPT2 with RFS and DSS (HR 1.908, $p = 0.011$ and HR 2.293, $p = 0.004$, respectively) and VEGFA with RFS (HR 1.717, $p = 0.039$). Additionally, PDGFRA (DSS HR 3.164) and PDGFB (OS HR 1.565) proved to be predictive markers in Cox regression analyses. The expression of PDGFRA and PDGFRB was significantly different between the PROMISE molecular subtypes.

Conclusion Various angiogenetic molecules influence the clinical prognosis and their predictive value should be evaluated for anti-angiogenetic therapy.

Disclosures No disclosures

#418 TREATMENT OF LOW-RISK ENDOMETRIAL CANCER: EVALUATION OF RESULTS AFTER SENTINEL NODE BIOPSY

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Introduction/Background Since application of sentinel lymph node (SLN) technique in low-risk endometrial tumors, the procedure for performing the lymph node assessment has changed.

The purpose of this work is to evaluate the efficiency of the implementation of this technique in a Spanish Public Hospital.

Methodology 256 patients with histology at initial diagnosis of endometrioid adenocarcinoma, treated by the Oncological Gynecology Team of Bellvitge University Hospital, were studied in a period of 6 years (January 1, 2015 to December 31, 2020)

Patients were classified into two groups based on surgical techniques performed:

- HT ± LFD group (without SNL) that includes total hysterectomy with/without bilateral adnexectomy and with/without lymphadenectomy as a minimum procedure, with 146 patients.

- HT + GC group (group with sentinel node), which includes as a minimum procedure total hysterectomy with/without bilateral adnexectomy and application of the sentinel node technique, with 66 patients. SNL technique was performed with injection of indocyanine green-SLN at the cervical level at 3 and 9 o'clock (2cc), lymph node exeresis guided by the dye, intraoperative study and subsequent ultrastaging.

Descriptive study and inferential statistics were performed. Ethical requirements were accomplished.

Results Lymph node evaluation, directly associated with the SLN technique, has increased. There are no statistically significant differences in surgical results comparing by technique. Differences were found in disease-free intervals (median DFI 5 months in SLN vs. 13 in non-SLN, $p = 0.016$). The SLN has increased adjuvant treatments (46.9% in SNL vs. 27.8% in the other techniques, $p = 0.006$).

Conclusion The result after SLN technique in this group of patients is a higher rate of detection of affected lymph nodes, which probably increases the indication for adjuvant treatments.

Robotic surgery is associated with increased costs per surgical act.

Additional prospective studies, including molecular pathology risk profile of endometrial cancer, are required for a better evaluation of the long-term efficiency of SLN.

Disclosures -

#435 CHANGES OF LIFESTYLE, EXERCISE OF PRECAUTION AND PREFERENCES – INTERIM RESULTS OF AN INTERNATIONAL SURVEY FOR ENDOMETRIAL CANCER PATIENTS (NOGGO, ENGOT, GCIG – EXPRESSION XI/IMPROVE)

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Introduction/Background Endometrial cancer (EC) is commonly associated with cardiovascular risk factors such as obesity and metabolic diseases. Especially in type 1 cancer, strong correlation with these characteristics was demonstrated. For successful holistic conduction of therapy, the patient's wish for change and compliance must be understood better. The aim of this study was to define the status quo of patient needs and preferences.

Methodology An 80 item survey in paper-form and via internet was distributed to patients with diagnosed EC in seven countries. General patient characteristics (comorbidities,