Abstract EPV122/#421 Table 1 Multivariable analysis for cause-specific survival after isolated lymphatic recurrence: factors independently associated with cause-specific survival

Characteristic	No. of events per level	Adjusted HR (95% CI)	P
FIGO grade			0.007
1	5/14	Reference	
2	12/16	5.11 (1.68. 15.52)	
3	33/40	5.10 (1.79, 14.51)	
Pelvic and paraaortic ILR			0.002
No	38/56	Reference	
Yes	12/14	3.08 (1.52, 6.21)	
Concomitant vaginal recurrence			<0.001
No	46/66	Reference	
Yes	4/4	8.21 (2.50, 26.97)	
Treatment of ILR			0.03
Observation or hormonal therapy only	13/17	2.60 (1.09, 6.19)	
Chemotherapy and/or radiotherapy	28/34	2.75 (1.27, 5.94)	
Surgery ± other treatments	9/19	Reference	

Abbreviations: CI, confidence interval; FIGO, International Federation of Gynecology and Obstetrics; HR, hazard ratio; ILR, isolated lymphatic recurrence.

predictors of poor CSS after ILR. The choice to surgically treat ILR in some patients was associated with improved CSS.

EPV123/#437 RISK OF LEIOMYOSARCOMA IN PATIENTS UNDERGOING HYSTERECTOMY FOR PRESUMED BENIGN DISEASE

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Objectives To estimate the incidence and to identify risk factors of leiomyosarcoma among women undergoing hysterectomy for presumed benign disease.

Methods This is a retrospective single-center study of consecutive patients who underwent total hysterectomy with benign indications at Del Ponte Hospital (Varese) between 01/01/2000 and 31/12/2019. Data were manually collected by operative records and institutional surgical reports, including demographic and histopathologic characteristics. Factors associated with the occurrence of unexpected uterine leiomyosarcoma (uLMS) were searched. Stratification by age, menopausal status and uterine weight was performed.

Results Overall, 4428 patients were included in the analysis and 24 (0,54%) had a final diagnosis of uLMS. Among 2936 patients with preoperative indication of uterine fibroids, the rate of uLMS was 0,99%. The increase of age at surgery resulted to be positively associated with the incidence of uLMS (from 0.09% in patients <45yo to 1.97% in patients >75yo; p=0.01). The absolute risk of LMS increased in post- vs. premenopausal patients (1.27% vs. 0.25%; p=0.001). Increase in uterine weight was also associated with higher risk of uLMS (p<0.001).

Abstract EPV123/#437 Table 1

IMPACT OF UTERINE WEIGHT AND MENOPAUSAL STATUS ON RISK OF uLMS IN WOMEN TREATED FOR PRESUMED BENIGN DISEASE

Uterine Weight	Hysterectomies (n)	uLMS (n)	Absolute risk	Risk %	p-value
<1Kg	4066	16	1/254	0.39	p=0.010
≥1Kg	359	5	1/72	1.39	
Menopausal status					
Pre	3168	8	1/396	0.25	p=0.001
Post	1260	16	1/79	1.27	
Pooled Analysis					
<1kg, pre-menopause	2876	5	1/575	0.17	p<0.0001
≥1kg, post-menopause	55	3	1/18	5.45	

Missing data: uterine weight was not available for 3 patients.

Abstract EPV123/#437 Table 2

INCIDENCE OF UNEXPECTED uLMS IN WOMEN UNDERWENT HYSTERECTOMY FOR BENIGN INDICATION RELATED TO RISK FACTORS

Age (y)	Hysterectomies (n)	uLMS (n)	Absolute risk	Risk %
<45	1145	1	1/1145	0.09
45-54	2278	10	1/228	0.44
55-64	475	6	1/79	1.26
65-74	378	4	1/95	1.06
≥75	152	3	1/51	1.97
Uterine weight (grams)				
<250	2385	4	1/596	0.17
250-499	1027	2	1/514	0.19
500-999	665	10	1/67	1.50
1000-1499	239	3	1/80	1.26
1500-1999	53	1	1/53	1.89
≥2000	56	1	1/56	1.79

Missing data: uterine weight was not available for 3 patients.

The pooled analysis included menopausal status (pre vs. post) and uterine weight (<1 kg vs. >1 kg); post-menopausal women with uterus weighting 1kg or more had an absolute risk of uLMS of 5.45%.

Conclusions The overall risk of uLMS in women undergoing hysterectomy for presumed benign indication is low. However, there is a significant increased risk in post-menopausal patients with enlarged uteri.

EPV124/#439 NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SURGERY FOR ADVANCED-STAGE ENDOMETRIAL CANCER

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Objectives Neoadjuvant chemotherapy (NACT) plus interval debulking surgery (IDS) is a treatment strategy for ovarian cancer patients with unresectable disease or poor performance status. It has also used for the treatment of advanced endometrial cancer (ECa) and a survival benefit has been shown. This study reviews our single-institution experience with NACT and surgery for advanced endometrial cancer.

Methods Data were collected retrospectively about patients with ECa treated January 2015-March 2021. Outcome measures include response; survival; and treatment-related morbidity.

Results There were 18 patients aged 39–72yrs. Data is complete for 16 (two had surgery overseas). Histological type was: endometrioid (72%); serous (22%); mixed (6%). 33% were stage IV; 45% stage III; 22% stage II. All patients received Carboplatin/Paclitaxel chemotherapy. Two also received radiotherapy before surgery. Patients received between 2–6 cycles of chemotherapy. Fifteen patients (83.3%) had optimal debulking surgery and one sub-optimal debulking. One patient was lost to follow-up. Another expired before surgery due to septic shock. Data regarding survival is available for 14/18 patients. One has died. Thirteen patients are alive with survival of 6–48mth. Two patients are alive with recurrence. Eleven are alive without recurrence. Overall median survival is currently 20mth. 83% had no significant complications; 11% had wound infection; one patient died from septic shock.

Conclusions NACT and IDS delivers high rates of optimal debulking in patients with advanced stage ECa. There are acceptable levels of morbidity. This study suggests that NACT