

(log rank, $p=0.003$). Grade 3 histology or lymph node involvement at the time of salvage therapy did not predict for poorer outcomes. There were no acute or late grade 3 or higher toxicities observed in this cohort.

Conclusion: Salvage therapy with modern external beam radiation and image-guided brachytherapy is associated with excellent locoregional control and limited treatment-related side effects, comparing favorably with historical outcomes. In our cohort, patients with later relapses, with a median time to recurrence greater than 14.5 months, had improved outcomes with significantly greater distant metastases free survival at 2 years. Longer follow-up and prospective studies are needed to better characterize the efficacy and toxicity of this therapy.

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Validation of the ESMO-ESGO-ESTRO Consensus Conference Risk Grouping in Turkish Endometrial Cancer Patients Treated with Comprehensive Surgical Staging



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Purpose/Objective(s): To validate the ESMO-ESGO-ESTRO consensus risk grouping in endometrial cancer (EC) patients treated with external beam radiotherapy (EBRT) and/or vaginal brachytherapy (VBT) ± chemotherapy (CT) after comprehensive surgical staging.

Materials/Methods: 683 patients treated in four institutions were retrospectively evaluated. Patients were classified into 4 groups: low-risk (LR), intermediate risk (IR), high-intermediate risk (HIR), and high-risk (HR). VBT was performed in patients with deep myometrial invasion (MI) or grade 3 histology. EBRT±VBT was performed when cervical stromal invasion, positive/close surgical margin, or extra-uterine extension was found. Adjuvant CT was applied in patients with stage III disease and non-endometrioid histology (NEH).

Results: Median follow-up was 56 months. 5-year overall survival (OS) and relapse-free survival (RFS) rate was 86% and 83%, respectively. A significant difference in OS was found between LR and HR groups ($p=0.03$) and a trend between LR and HIR groups ($p=0.054$). RFS rates were significantly different between LR and HIR ($p=0.04$), LR and HR ($p=0.007$), and IR and HR groups ($p=0.01$). No statistically significant difference was found in OS and RFS between HIR and HR groups. Median time to recurrence was 53 months. Loco-regional recurrence (LRR) and distant metastasis (DM) developed in 41 (6%) and 68 (10%) patients, respectively. Twenty (3%) patients had both LRR and DM. LRR and DM were significantly higher in the HIR and HR groups compared to other groups ($p=0.009$ and $p=0.003$, respectively). Two- and 5-year OS and RFS rate in the HR subgroups is listed in Table 1. OS rate was significantly higher in stage IB-grade 3 and stage II compared to stage III and NEH. There was no statistically significant difference between stage IB-grade 3 and stage II ($p=0.9$), and between stage III and NEH ($p=0.4$). RFS rate was significantly higher in stage IB-grade 3 and stage II compared to stage III and NEH. There was no significant difference between stage IB-grade 3 and stage II ($p=0.5$), and stage III and NEH ($p=0.8$).

Conclusion: The current risk grouping does not clearly discriminate the HIR and IR groups. Putting the stage IB-grade 3 and stage II with stage III

and NEH in the same prognostic group may be misleading. In patients with comprehensive surgical staging, a further risk grouping is needed to distinguish the real HR group.

Abstract 2805; Table 1

Characteristic	2y OS (%)	5y OS (%)	2y RFS (%)	5y RFS (%)
IB-G3	98	91	97	88
II	96	89	89	83
III	93	75	89	70
NEH	86	76	82	72

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Preoperative Evaluation Of Serum CA-125 Levels Maybe A More Significantly Prognostic Factor In Low To Intermediate-risk Endometrial Carcinoma: A Multi-institutional Study



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Purpose/Objective(s): To evaluate the prognostic role of preoperative serum CA-125 levels in different ESMO-ESGO-ESTRO risk classification in early-stage endometrial carcinoma (EC) from long-term data of a multi-institutional analysis.

Materials/Methods: The material for the current study was derived from a total of 1108 patients with early-stage EC from a multi-institutional analysis in China between 2000 and 2016. The eligibility criteria included the primary hysterectomy/bilateral salpingo-oophorectomy and adjuvant radiotherapy, stage I and II disease (FIGO 2009 staging) with complete clinicopathologic and follow-up information, serum CA-125 levels were evaluated preoperatively. Risk classification according to ESMO-ESGO-ESTRO Consensus. Time to any event was measured from the day RT started. Overall survival (OS), cancer-specific survival (CSS), disease free