age of 45 years at the time of diagnosis. Data were abstracted regarding age, parity, diabetes, hypertension, polycystic ovaries, body mass index (BMI), tumor histology, grade, stage, and survival. Clinical and pathological characteristic were compared, and statistical analyses were performed using SPSS version 22.0.

Results: The mean age at the time of diagnosis was 38.50 years (range, 34.50–41.25) and mean BMI (kg/m²) was 30.55 (range, 27.23–38.45). 50% patients were obese (BMI >30 kg/m²) and 40% were overweight (BMI 25–30 kg/m²). Only 5 out of 10 women had nulliparity, however, 70% women had history of polycystic ovaries, confirmed with ultrasound or on histopathological specimen. Family history was also found to be strongly associated with endometrial cancer with 70% prevalence rate. The prevalence of diabetes mellitus, hypertension and hypothyroidism were 20%, 10% and 10% respectively. Seven patients (70%) had well differentiated tumors, 2 (20%) moderately differentiated and 1 (10%) had poorly differentiated tumor. Stage 1A disease was found in 7 (70%) patients, stage 1B in 1 (10%), stage 2 in 1 (10%) and stage 3 in 1 (10%) patient. 20 % patients had completed 5-years disease free interval, one patient was expired with recurrence and stage 3 disease, while 1 woman was lost to follow up after surgery.

Conclusion: We conclude that the obesity, family history and polycystic ovaries are strongly associated risk factors for endometrial cancer in women aged 45 years or younger. We could not find any significant association with medical disorders such as diabetes and hypertension. Nulliparity seems to have less strong relationship with development of endometrial cancer. Majority of young patients have early-stage disease with well differentiated tumors and favorable histology.

Poster (E15)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

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Survival benefit of para-aortic lymph node evaluation in endometrioid endometrial carcinoma

Khemanat Khemworapong,^{1,*} Pattra Wisarnsirak,² Attaphon Jaishuen,¹ Boonlert Viriyapak,¹ Pisutt Srichaikul,¹ Vuthinun Achariyapota,¹ Nida Jareemit¹

¹Mahidol University, Nakhon Pathom, Thailand (khemanatkhem@gmail.com)

²Thammasat University, Bangkok, Thailand

Objective: To evaluate the 5-year survival in endometrioid endometrial carcinoma patients, who underwent

retroperitoneal pelvic lymph nodes (PLN) evaluation alone, compared to both pelvic and para-aortic lymph nodes (PPALN) evaluation.

Methods: This retrospective cohort study enrolled 654 women who were diagnosed with endometrioid endometrial carcinoma and underwent surgical staging at Siriraj Hospital, Mahidol University between January 2006 and December 2015. Patients with PLN evaluation (n=266) and patients with PPALN evaluation (n=388) were included. We excluded patients with no retroperitoneal lymph node evaluation, history of any cancer within 5 years, previously received chemotherapy or radiotherapy. All results were recorded and statistically analyzed.

Results: Mean follow-up time was 83.0 months. The 5-year overall survival (OS) in PLN and PPALN groups were 56.72 months (95% confidence interval [CI]=55.37–58.07) and 57.52 months (95% CI=56.57–58.47), respectively (p=0.096). The 5-year disease specific survival (DSS) in PLN group were 57.15 months (95% CI=55.84–58.45) in PLN group and 59.03 months (95% CI=58.44–59.61) in PPALN group, respectively (p=0.027).

Conclusion: The OS was not significantly difference between patients who underwent PPALN evaluation compared to patients who underwent PLN alone, although there was a trend to improve OS for patients with PPLAN. DSS was significantly better for patients who received PPALN evaluation compared to patients with PLN alone.

Poster (E16)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

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Prevalence of occult endometrial carcinoma in patients with endometrial intraepithelial neoplasia underwent hysterectomy at Siriraj Hospital

Waraphon Thongsang,^{*} Sompop Kuljarusnont, Suchanan Hanamornroongruang

Siriraj Hospital, Bangkok, Thailand (pimpimwaraphon@gmail.com)

Objective: To determine the prevalence and pre-operative risk factors of occult endometrial carcinoma in the patients with endometrial intraepithelial neoplasia (EIN) who underwent hysterectomy at Siriraj Hospital.

Methods: One hundred and sixty EIN patients diagnosed between January 2007 and December 2020 were enrolled. Patients who did not undergo surgery as a primary treatment were excluded. All pathological slides were reviewed by one