thrombocytosis and other prognostic factors DFS and OS was the aim of study.

Methods: Aim of this study was to analyze the impact of pretreatment thrombocytosis to the prognosis of EC cases. Medical records of EC cases who underwent complete surgical staging, treatment and follow up in Bhumibol Adulyadej Hospital (BAH) during January 2008 and December 2020 were reviewed. Demographic data included age, body weight, height, body mass index, histology and grading, cancer stage, MI, LN metastasis, LVSI, peritoneal washing cytology, platelet count, recurrence, death and follow up time were collected. Associations of thrombocytosis and prognostic factors were analyzed with DFS and OS. A total of 222 cases were included in study. Mean age of participant in the present study was 56.16 years old. One third (88/222) of cases had age more than 60 years old. Ninety percent of histopathology was reported as endometrioid subtype. MI more than half of thickness, well and moderate differentiation (G1, 2) and advanced cancer stage (FIGO stage III, IV) were reported at 44.1%, 79.4%, and 22.5%, respectively. Thrombocytosis was reported at 8.1%. Aggressive histopathology, advanced cancer stage (FIGO stage III, IV), MI more than half of thickness, LN metastasis, present of LVSI and thrombocytosis was significantly correlated with DFS. Advanced cancer stage (FIGO stage III, IV) and thrombocytosis had significant adverse effect on OS. In conclusion, advanced endometrial cancer stage and thrombocytosis were significant adverse prognostic factor.

Poster (E19)

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

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The utility of preoperative serum CA125 combined with HE4 to predict lymph node metastasis in endometrial cancer: a cross-sectional study

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Objective: To investigate the diagnostic performance of the serum cancer antigen 125 (CA125), human epididymis protein 4 (HE4), a combination of CA125 and HE4, and a risk of ovarian malignancy algorithm (ROMA) in the pre-operative prediction of high risk of lymph node metastasis in patients with early-stage endometrial cancer (EC).

Methods: A cross-sectional study of data for patients with early-stage endometrioid EC treated surgically at Rajavithi

Hospital between April 2020 and April 2021 was commenced. The preoperative serum levels of CA125 and HE4 were measured and analyzed by clinicopathological characteristics. The receiver operating characteristic (ROC) curves were generated to determine the optimal cutoff values of CA125, HE4, and ROMA levels with optimum sensitivity and specificity for predicting lymph node metastasis.

Results: Eighty-six patients with surgically staged EC were identified. Lymph node involvement was detected in 9 patients (10.5%) with a systemic lymph node dissection. The median serum CA125, HE4, and ROMA levels were significantly higher in EC patients with the presence of lymph node metastasis than those who did not ($p < 0.05$). Based on the ROC curve, both serum markers showed good discrimination for the prediction of lymph node metastasis, with an optimal cutoff value of 35 U/mL for CA125 (area under curve [AUC]=0.789; 95% confidence interval [CI]=0.647–0.932), 200 pMol/L for HE4 (AUC=0.825; 95% CI=0.700–0.950), and 60% for ROMA (AUC=0.856; 95% CI=0.720–0.982). At the optimal cutoff value, HE4 showed the highest sensitivity (88.9%) whereas the combination of CA125 and HE4 had the highest specificity (87.0%).

Conclusion: Pre-operative combining CA125 and HE4 level is associated with an increased risk of having lymph node metastasis in patients with early-stage EC. This biomarker panel can be used as a predictive marker and guidance for identifying EC patients who might most benefit from full staging surgery with lymphadenectomy.

Poster (E20)

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A personalised predictive 3-year overall survival for patients with uterine carcinosarcoma at tertiary care hospital of southern Thailand

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Objective: To develop a 3-year overall survival (OS) nomogram to predict outcome of surgically staged patients with uterine carcinosarcomas (UCSs).

Methods: This retrospective study, the clinicopathological, treatment data, and oncological outcomes of 69 UCSs patients between January 2002 and September 2018 were analyzed. We identified and integrated significant prognostic factors for OS to develop a nomogram. The concordance probability (CP) was