

(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.

Author Disclosure: **A. Burr:** None. **D.M. Francis:** None. **A. Kuczmarska-Haas:** None. **N.R. Rydzewski:** None. **B.M. Anderson:** Partner; University of Wisconsin. **K.A. Bradley:** Honoraria; UpToDate.

2805

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



M. Gultekin,¹ O.C. Guler,² S. Yuce Sari,³ B. Akkus Yildirim,² T.Z. Mustafayev,⁴ B. Atalar,⁵ Y. Bolukbasi,⁶ H.C. Onal,⁷ H. Celik,⁷ K. Yuce,⁸ A. Ayhan,⁹ and F. Yildiz¹⁰; ¹Hacettepe University Faculty of Medicine, Department of Radiation Oncology, Ankara, Turkey, ²Baskent University Faculty of Medicine, Adana Dr Turgut Noyan Research and Treatment Center, Department of Radiation Oncology, Adana, Turkey, ³Hacettepe University Faculty of Medicine, Department of Radiation Oncology, Ankara, Turkey, ⁴Acibadem University Medical School, Istanbul, Turkey, ⁵Acibadem Maslak Hospital, Istanbul, Turkey, ⁶Koc University, School of Medicine, Department of Radiation Oncology, Istanbul, Turkey, ⁷Baskent University Medical School, Adana, Turkey, ⁸Hacettepe University Medical School, Ankara, Turkey, ⁹Baskent University Medical School, Ankara, Turkey, ¹⁰Hacettepe University, School of Medicine, Department of Radiation Oncology, Ankara, Turkey

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

Author Disclosure: **M. Gultekin:** None. **O. Guler:** None. **S. Yuce Sari:** None. **B. Akkus Yildirim:** None. **T.Z. Mustafayev:** None. **B. Atalar:** None. **Y. Bolukbasi:** None. **H. Onal:** None. **H. Celik:** None. **K. Yuce:** None. **A. Ayhan:** None. **F. Yildiz:** None.

2806

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



X. Hou,¹ M. Shi,² L. Wei,³ L. Zou,⁴ T. Wang,⁵ Z. Liu,⁶ J. He,⁷ X. Sun,⁸ W. Zhong,⁹ F. Zhao,¹⁰ X. Li,¹¹ S. Li,¹² H. Zhu,¹³ Z. Ma,¹⁴ M. Jin,¹⁵ K. Hu,¹⁶ and F. Zhang¹⁷; ¹Department of Radiation Oncology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China, ²Department of Radiation Oncology, Xijing Hospital, Air Force Medical University, Xi'an, China, ³Department of Radiation Oncology, Xijing Hospital, Air Force Medical University of PLA, Xi'an, China, ⁴Department of Radiation Oncology, The Second Affiliated Hospital of DaLian Medical University, DaLian, China, ⁵Department of Radiation Oncology, The second hospital of Jilin university, Jilin, China, ⁶Department of Radiation Oncology, First Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China, ⁷Department of Radiation Oncology, General Hospital of Ningxia Medical University, Yinchuan, Ningxia 750004, China, Yinchuan, China, ⁸Department of Radiation Oncology, The Affiliated Hospital of Inner Mongolia Medical University, Hohhot, China, ⁹Gynaecological Oncology Radiotherapy, Affiliated Tumor Hospital, Xinjiang Medical University, Xinjiang, China, ¹⁰Department of Radiation Oncology, Gansu Provincial Cancer Hospital, Gansu, China, ¹¹Department of Radiation Oncology, Peking University First Hospital, Beijing, China, ¹²Department of Radiation Oncology, Lanzhou General Hospital of People's Liberation Army, Lan Zhou, China, ¹³Department of Radiation Oncology, Xiangya Hospital Central South University, Changsha, China, ¹⁴Department of Radiation Oncology, Affiliated Hospital of Chifeng University, Inner Mongolia, China, ¹⁵Department of Radiation Oncology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China, ¹⁶Department of Radiation Oncology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China, ¹⁷Department of Radiotherapy, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China

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