

**POSTMENOPAUSAL STATUS AND ELEVATED SERUM LEVEL OF CANCER ANTIGEN 125 SIGNIFICANTLY PREDICTED CONCURRENT ENDOMETRIAL CANCER IN WOMEN DIAGNOSED WITH ATYPICAL ENDOMETRIAL HYPERPLASIA BEFORE SURGERY**

E-Poster Viewing

**ORAL FEATURED POSTERS**

**Lecture Title:**

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**Objectives:** About 10-66% of patients with atypical endometrial hyperplasia diagnosed before surgery (pre-AEH) are found to have concurrent endometrial cancer (EC) after definitive hysterectomy, leading to incomplete primary surgery and delayed adjuvant treatment. This study aims to investigate which factors could predict underlying cancer risk in pre-AEH patients.

**Methods:** All patients diagnosed with AEH by endometrial sampling and then underwent definitive hysterectomy from January 2016 to December 2019 were identified. Patients diagnosed with EC by final pathology were divided into 2 subgroups according to NCCN guideline 2021: low-risk, and intermediate-high risk.

**Results:** Totally 624 pre-AEH patients were identified, 30.4% (n=190) of them were diagnosed with EC finally. Univariate analysis showed underlying risk of EC was correlated with postmenopausal status, higher CA125 serum level ( $\geq 35$ U/ml), higher serum level of fast blood glucose ( $\geq 7.0$  mmol/L) and older age ( $>50$  years old). In multivariate analysis, only postmenopausal status and CA125  $\geq 35$  U/ml (OR = 3.89, 95% CI = 1.59-9.53; OR = 3.11, 95% CI = 1.13-8.59) independently predicted concurrent EC. Remarkably, patients with postmenopausal status + CA125  $\geq 35$  U/ml had significantly increased risk of finally-diagnosed EC (OR = 14.10, 95% CI = 1.59-125.22). Similar results were also found in predicting intermediate-high-risk EC. Notably, among all the postmenopausal patients, pre-AEH women with postmenopausal time  $\geq 5$  years were found to have highest risk of concurrent EC.

**Conclusions:** Pre-AEH patients with postmenopausal status and elevated level of CA125 may have high risk of concurrent EC. More detailed evaluation before surgery should be suggested.