

Abstract 2022-RA-580-ESGO Figure 1

Conclusion This study indicates that DNA methylation analysis in urine samples, self-collected cervicovaginal swabs, and clinician-taken cervical scrapes allows endometrial cancer detection with high accuracy. Our results demonstrate the potential of methylation testing in self-collected material as a novel diagnostic strategy to detect endometrial cancer.

2022-RA-585-ESGO

COME BACK TO THE FUTURE: THE IMPACT OF ESTROGEN RECEPTOR PROFILE IN THE ERA OF MOLECULAR ENDOMETRIAL CANCER CLASSIFICATION

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Introduction/Background The estrogens receptor (ER) expression in endometrial cancer (EC) is known to be associated with prognosis. However, its role was not included in the latest molecular risk classification system. The aim of this study is to assess the impact of ER profile on oncological outcomes in the new EC risk classification.

Methodology Retrospective IHC analyses were conducted in a large series of ECs, studying the presence/absence of hormone receptors and other molecular (i.e p53 and mismatch mutational status), histopathological and clinical outcome. The ER status was correlated with molecular, histological, clinical and prognostic data.

was linked with an unfavorable pathologic-clinical profile (grading, histotype, LVSI, stages, etc) and with high and advanced risk class (64.5vs 27%) (p<0.05). Molecular analysis in ER-negative compared to ER-positive showed greater p53-mutation rate (39% vs 10%), similar MMR-deficiency (20% vs 23.5%), fewer MMR-stability (38% vs 65%) (table1). Noteworthy, simple regression demonstrated that ER-negativity was related to worse OS and DFS, regardless of p53 status; whereas for ER-positive, the prognosis was strongly associated to molecular status (p<0.05). When associated to risk classes, ER-negative EC patients had the worst outcomes compared to the ER-positive counterparts, especially for intermediate, high-intermediate and high-risk classes (p<0.05) (figure1).

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Characteristic	ER0/1+ (N=211)	ER2+/3+ (N=680)	Total (N=891)	p value
Age	Mean (SD) 63.621 (10.825) Range 35.000 - 87.000	62.776 (11.229) 25.000 - 89.000	62.976 (11.134) 25.000 - 89.000	0.336
BMI	Mean (SD) 28.747 (7.832) Range 17.200 - 75.300	30.242 (8.263) 16.000 - 121.000	29.888 (8.183) 16.000 - 121.000	0.020
Stage_def				< 0.001
	IA 77 (36.5%)	356 (52.4%)	433 (48.6%)	
	IB 48 (22.7%)	148 (21.8%)	196 (22.0%)	
	II 14 (6.6%)	46 (6.8%)	60 (6.7%)	
	IIIA 3 (1.4%)	17 (2.5%)	20 (2.2%)	
	IIIB 4 (1.9%)	9 (1.3%)	13 (1.5%)	
	IIIC1 29 (13.7%)	64 (9.4%)	93 (10.4%)	
	IIIC2 7 (3.3%)	14 (2.1%)	21 (2.4%)	
	IVA 2 (0.9%)	4 (0.6%)	6 (0.7%)	
	IVB 27 (12.8%)	22 (3.2%)	49 (5.5%)	
Risk_class_2020				< 0.001
	low 33 (15.6%)	299 (44.0%)	332 (37.3%)	
	intermediate 20 (9.5%)	93 (13.7%)	113 (12.7%)	
	high 22 (10.4%)	103 (15.1%)	125 (14.0%)	
	advanced/metastatic 109 (51.7%)	163 (24.0%)	272 (30.5%)	
	27 (12.8%)	22 (3.2%)	49 (5.5%)	
Grading				< 0.001
	G1-2 71 (33.6%)	526 (77.4%)	597 (67.0%)	
	G3 140 (66.4%)	154 (22.6%)	294 (33.0%)	
Histotype				< 0.001
	Endometrioid 104 (49.3%)	593 (87.2%)	697 (78.2%)	
	Serous 50 (23.7%)	49 (7.2%)	99 (11.1%)	
	Clear cell 5 (2.4%)	0 (0.0%)	5 (0.6%)	
	Carcinosarcoma 14 (6.6%)	7 (1.0%)	21 (2.4%)	
	Undifferentiated 11 (5.2%)	3 (0.4%)	14 (1.6%)	
	Mixed 27 (12.8%)	28 (4.1%)	55 (6.2%)	
LVSI				< 0.001
	Miss 99 (47.1%)	452 (66.6%)	551 (62.0%)	
	negative 111 (52.9%)	227 (33.4%)	238 (26.8%)	
Myometrial_invasion				0.002
	Miss 2 no 14 (6.7%)	1 48 (7.1%)	3 62 (7.0%)	
	< 50% 5 (2.4%)	374 (55.1%)	462 (52.0%)	
	> 50% 107 (51.2%)	257 (37.8%)	364 (41.0%)	
Dim_class				0.081
	not applicable 0 (0.0%)	4 (0.6%)	4 (0.4%)	
	≤ 20 mm 34 (16.1%)	151 (22.2%)	185 (20.8%)	
	> 20 mm 177 (83.9%)	525 (77.2%)	702 (78.8%)	
Dim_mm				< 0.001
	Miss 1	4	5	
	Mean (SD) 44.167 (27.422)	34.812 (18.865)	37.029 (21.561)	
	Range 3.000 - 150.000	1.000 - 150.000	1.000 - 150.000	
pN				0.001
	negative 171 (81.0%)	609 (89.6%)	780 (87.5%)	
	positive 40 (19.0%)	71 (10.4%)	111 (12.5%)	
CHT				< 0.001
	no 82 (38.9%)	474 (69.7%)	556 (62.4%)	
	yes 129 (61.1%)	206 (30.3%)	335 (37.6%)	
Adv_RT				< 0.001
	no 105 (49.8%)	456 (67.1%)	561 (63.0%)	
	yes 106 (50.2%)	224 (32.9%)	330 (37.0%)	
MMR_p53				< 0.001
	MMRs 81 (38.4%)	441 (64.9%)	522 (58.6%)	
	MMRd 43 (20.4%)	160 (23.5%)	203 (22.8%)	
	p53mut 82 (38.9%)	69 (10.1%)	151 (16.9%)	

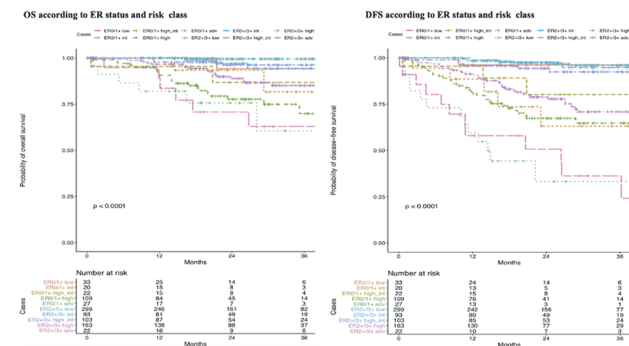
Conclusion We demonstrated that the ER status has a significant impact on oncological outcomes, regardless of risk class and p53/MMR status. On these bases, we advise to include ER assessment in featured EC risk classification system.

2022-RA-612-ESGO

IMPROVING ENDOMETRIAL CANCER ASSESSMENT BY COMBINING THE NEW TECHNIQUE OF GENOMIC PROFILING WITH SURGICAL EXTRA UTERINE DISEASE ASSESSMENT. AN INTRODUCTION TO EUGENIE

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Results 891 EC-patients were included in the study (211 ER-negative and 680 ER-positive). The ER-negative phenotype