Abstract EPV120/#399 Table 1 Baseline characteristics of molecular supgroups

	Total	MMR IHC abn	POLE mutation + MMR IHC abn	POLE + P53 mutation	P53 mutation	*NSMP
n (%)	29 (100%)	8(27.6%)	1(3.5%)	2(6.9%)	7(24.2%)	11(37.9%)
Age, years (mean)	60 ± 3	60	63	63.5	58.9	54.5
Body Mass Index, kg/m2(mean)	29 ± 4	35.7	36	27	29.6	28
Histology Endometrioid	29(100%)	8 (100%)	1(100%)	2 (100%)	7 (100%)	11 (100%)
Stage 1A 1B II III	18 (55.2%) 3 (10.3%) 3 (10.3%) 7 (24.1%)	6 (75.0%) 0 (0%) 1 (12.5%) 1 (12.5%)	1(100%)	 2(100%)	4 (57.1%) 2 (28.6%) 0 (0%) 1 (14.3%)	5 (45.5%) 1 (9.1%) 2 (18.2%) 3 (27.3%)
Grade Low High	21 (72.4%) 8 (27.6%)	6 (75.0%) 2 (25.0%)	1(100%)	 2(100%)	5 (62.5%) 2 (28.6%)	10 (90.9%) 1 (9.1%)
Staging Laparotomy	29 (100%)	8 (100%)	1(100%)	2(100%)	7 (100%)	11 (100%)
Adjuvant No Brachytherapy External Beam Radiation with Brachytherapy Chemoradiation	13 (44.8%) 6 (20.7%) 5 (17.2%) 5 (17.2%)	4(50.0%) 2 (25.0%) 1(12.5%) 1(12.5%)	1(100%)	1(50%) 1(50%)	4 (57.1%) 1 (14.3%) 1 (14.3%) 1 (14.3%)	5 (45.5%) 2 (18.2%) 2 (18.2%) 2 (18.2%)
Risk Group Low Intermediate High Intermediate High	15 (51.7%) 3 (10.3%) 4 (13.8%) 7 (24.1%)	5 (62.5%) 1(12.5%) 1(12.5%) 1(12.5%)	1(100%)	 2(100%)	4 (57.1%) 1 (14.3%) 1 (14.3%) 1 (14.3%)	5(45.5%) 1 (9.1%) 2 (18.2%) 3 (27.3%)
Recurrence	4 (13.8%)	**1(2.5%)	-	2(100%)	#1 (14.3%)	-
Death	5 (17.2%)	**1(2.5%)	-	2(100%)	#1 (14.3%)	1 (9.1%)

*NSMP : No specific molecular profile
**Recurrence and death in high risk group
#Recurrence and death in low risk group

Results Results/Conclusions An interim analysis of 29 patients was done. Eight (27.6%) patients had MLH1 mutation, 1 (3.5%) patient had POLE and MLH1 mutation, while 2 (6.9%) had both POLE and P53 mutation. Seven (24.2%) patients were found to have null mutations of P53, while the remaining 11 (37.9%) had no specific molecular profile (NSMP). ESMO-ESGO risk group correlation, recurrences, and deaths are shown in table 1.

Conclusions Implications: Recurrence in low risk groups, behaviour of multiple classifiers, NSMP group and POLE mutated higher risk/stage cancers are areas still under-researched. A larger study exploring the integrated approach will help answer these questions and open novel avenue of research aimed at immunotherapy in endometrial cancer especially in recurrent settings.

EPV121/#419 BASELINE CLINICAL OUTCOMES OF LYNCH SYNDROME PATIENTS UNDERGOING ANNUAL SURVEILLANCE VERSUS RISK-REDUCING SURGERY IN A PROSPECTIVE COHORT STUDY

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Objectives To describe baseline characteristics of Lynch syndrome(LS) patients enrolled in a prospective study of annual surveillance versus risk-reducing surgery(RRS) and determine prevalent cases of endometrial intraepithelial neoplasia(EIN), endometrial(EC) and ovarian(OC) cancers

Methods A prospective cohort study was implemented in February 2015 for LS patients diagnosed based on a pathogenic variant in mismatch repair genes but unaffected by gynecologic cancer. Baseline investigations included CA-125, ultrasound and endometrial biopsy(EMB); further investigations were performed as warranted. Patients were recommended RRS by age 40 or following child-bearing. All others had annual surveillance and analyzed per treatment received.

Results Among 82 patients, 41 underwent RRS and 41 annual surveillance. The most frequent mutation was MSH6(34.1%). 25.9% had a personal history of LS-associated cancer and 97.5% had a family history, most commonly being colorectal (74.4%). Patients in the RRS group had a higher median age at LS diagnosis(47 vs 32 years, $p<0.001$) and entry into LS screening program(47 vs 33 years, $p<0.001$). At baseline, median CA-125 was 10 in both groups($p=0.65$). The baseline EMB rate was 85%($n=70$) with an abnormality rate of 4.88% (two EIN in surveillance group and one EC in RRS group). Seventy(91%) individuals underwent baseline ultrasound and no OCs were detected. In patients undergoing RRS, the median time from initial visit to surgery was 6.1 months(range 1.1–20.7); 3 additional EINs were diagnosed on final pathology.

Conclusions In LS patients followed in a surveillance program, the prevalent rate of EIN/EC is 5–10%, mostly in the RRS group. RRS within the recommended time prevents diagnosis of significant pathology.

EPV122/#421 ISOLATED LYMPHATIC RECURRENCE IN ENDOMETRIAL CANCER: A RETROSPECTIVE STUDY

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Objectives We investigated factors associated with cause-specific survival (CSS) after isolated lymphatic recurrence (ILR) in endometrial cancer (EC).

Methods We identified patients who developed ILR among 4,216 EC patients surgically treated at the Mayo Clinic between 1984 and 2017. ILR was defined as the first and unique evidence of recurrence in lymph node-bearing areas (with or without (±) vaginal recurrence). Univariate and multivariable Cox regression analysis was used to evaluate factors associated with CSS after ILR.

Results We observed 70 cases of ILR: 12 pelvic, 15 paraaortic, 14 pelvic and paraaortic, and 29 distant (± pelvic and/or paraaortic). Most women (90.0%) underwent pelvic and/or paraaortic lymphadenectomy during primary surgery, and 68.3% had positive nodes. Among 70 patients, 50 died of disease with median survival after ILR of 1.4 years. Patients who did not die of EC had a median follow-up after ILR of 6.6 (IQR 4.8–10.0) years. By univariate analysis, histologic grade, lymphovascular space invasion, ILR site, concomitant vaginal recurrence, and ILR treatment were significantly associated with CSS after ILR. CSS after ILR was not associated with primary lymphadenectomy, stage, or adjuvant therapy. Results of the multivariable analysis are reported in the Table.

Conclusions Histologic grade 2 or 3 of the primary tumor and concomitant recurrence in the pelvic and paraaortic lymph node basins or at the vaginal cuff were independent

Abstract EPV122/#421 Table 1 Multivariable analysis for cause-specific survival after isolated lymphatic recurrence: factors independently associated with cause-specific survival

Characteristic	No. of events per level	Adjusted HR (95% CI)	P
FIGO grade			0.007
1	5/14	Reference	
2	12/16	5.11 (1.68. 15.52)	
3	33/40	5.10 (1.79, 14.51)	
Pelvic and paraaortic ILR			0.002
No	38/56	Reference	
Yes	12/14	3.08 (1.52, 6.21)	
Concomitant vaginal recurrence			<0.001
No	46/66	Reference	
Yes	4/4	8.21 (2.50, 26.97)	
Treatment of ILR			0.03
Observation or hormonal therapy only	13/17	2.60 (1.09, 6.19)	
Chemotherapy and/or radiotherapy	28/34	2.75 (1.27, 5.94)	
Surgery ± other treatments	9/19	Reference	

Abbreviations: CI, confidence interval; FIGO, International Federation of Gynecology and Obstetrics; HR, hazard ratio; ILR, isolated lymphatic recurrence.

predictors of poor CSS after ILR. The choice to surgically treat ILR in some patients was associated with improved CSS.

EPV123/#437 RISK OF LEIOMYOSARCOMA IN PATIENTS UNDERGOING HYSTERECTOMY FOR PRESUMED BENIGN DISEASE

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Objectives To estimate the incidence and to identify risk factors of leiomyosarcoma among women undergoing hysterectomy for presumed benign disease.

Methods This is a retrospective single-center study of consecutive patients who underwent total hysterectomy with benign indications at Del Ponte Hospital (Varese) between 01/01/2000 and 31/12/2019. Data were manually collected by operative records and institutional surgical reports, including demographic and histopathologic characteristics. Factors associated with the occurrence of unexpected uterine leiomyosarcoma (uLMS) were searched. Stratification by age, menopausal status and uterine weight was performed.

Results Overall, 4428 patients were included in the analysis and 24 (0,54%) had a final diagnosis of uLMS. Among 2936 patients with preoperative indication of uterine fibroids, the rate of uLMS was 0,99%. The increase of age at surgery resulted to be positively associated with the incidence of uLMS (from 0.09% in patients <45yo to 1.97% in patients >75yo; p=0.01). The absolute risk of LMS increased in post- vs. premenopausal patients (1.27% vs. 0.25%; p=0.001). Increase in uterine weight was also associated with higher risk of uLMS (p<0.001).

Abstract EPV123/#437 Table 1

IMPACT OF UTERINE WEIGHT AND MENOPAUSAL STATUS ON RISK OF uLMS IN WOMEN TREATED FOR PRESUMED BENIGN DISEASE

Uterine Weight	Hysterectomies (n)	uLMS (n)	Absolute risk	Risk %	p-value
<1Kg	4066	16	1/254	0.39	p=0.010
≥1Kg	359	5	1/72	1.39	
Menopausal status					
Pre	3168	8	1/396	0.25	p=0.001
Post	1260	16	1/79	1.27	
Pooled Analysis					
<1kg, pre-menopause	2876	5	1/575	0.17	p<0.0001
≥1kg, post-menopause	55	3	1/18	5.45	

Missing data: uterine weight was not available for 3 patients.

Abstract EPV123/#437 Table 2

INCIDENCE OF UNEXPECTED uLMS IN WOMEN UNDERWENT HYSTERECTOMY FOR BENIGN INDICATION RELATED TO RISK FACTORS

Age (y)	Hysterectomies (n)	uLMS (n)	Absolute risk	Risk %
<45	1145	1	1/1145	0.09
45-54	2278	10	1/228	0.44
55-64	475	6	1/79	1.26
65-74	378	4	1/95	1.06
≥75	152	3	1/51	1.97
Uterine weight (grams)				
<250	2385	4	1/596	0.17
250-499	1027	2	1/514	0.19
500-999	665	10	1/67	1.50
1000-1499	239	3	1/80	1.26
1500-1999	53	1	1/53	1.89
≥2000	56	1	1/56	1.79

Missing data: uterine weight was not available for 3 patients.

The pooled analysis included menopausal status (pre vs. post) and uterine weight (<1 kg vs. >1 kg); post-menopausal women with uterus weighting 1kg or more had an absolute risk of uLMS of 5.45%.

Conclusions The overall risk of uLMS in women undergoing hysterectomy for presumed benign indication is low. However, there is a significant increased risk in post-menopausal patients with enlarged uteri.

EPV124/#439 NEOADJUVANT CHEMOTHERAPY FOLLOWED BY SURGERY FOR ADVANCED-STAGE ENDOMETRIAL CANCER

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Objectives Neoadjuvant chemotherapy (NACT) plus interval debulking surgery (IDS) is a treatment strategy for ovarian cancer patients with unresectable disease or poor performance status. It has also used for the treatment of advanced endometrial cancer (ECa) and a survival benefit has been shown. This study reviews our single-institution experience with NACT and surgery for advanced endometrial cancer.

Methods Data were collected retrospectively about patients with ECa treated January 2015-March 2021. Outcome measures include response; survival; and treatment-related morbidity.

Results There were 18 patients aged 39–72yrs. Data is complete for 16 (two had surgery overseas). Histological type was: endometrioid (72%); serous (22%); mixed (6%). 33% were stage IV; 45% stage III; 22% stage II. All patients received Carboplatin/Paclitaxel chemotherapy. Two also received radiotherapy before surgery. Patients received between 2–6 cycles of chemotherapy. Fifteen patients (83.3%) had optimal debulking surgery and one sub-optimal debulking. One patient was lost to follow-up. Another expired before surgery due to septic shock. Data regarding survival is available for 14/18 patients. One has died. Thirteen patients are alive with survival of 6–48mth. Two patients are alive with recurrence. Eleven are alive without recurrence. Overall median survival is currently 20mth. 83% had no significant complications; 11% had wound infection; one patient died from septic shock.

Conclusions NACT and IDS delivers high rates of optimal debulking in patients with advanced stage ECa. There are acceptable levels of morbidity. This study suggests that NACT