

Results Loss of MLH1 was observed in 18/47 (38.3%) patients. Age of patients did not differ between MLH1-negative and MLH1-positive tumors (61.2 ± 11.0 years and 61.4 ± 10.4 years, respectively). The comparison of characteristics of the tumors with and without MLH1 loss is summarized in table 1.

Abstract 405 Table 1 Clinicopathological features of endometrioid carcinomas according MLH1 immunohistochemistry status

Features	MLH1-loss	MLH1-positive	p
Total of patients	18	29	
FIGO			
I	5 (41.7%)	16 (80.0%)	0.03
II/III	7 (58.3%)	4 (20%)	
ESMO-ESGO-ESTRO			
Low risk	0 (0%)	5 (25%)	0.08
Intermediate risk	2 (16.7%)	0 (0%)	
High-intermediate risk	4 (33.3%)	8 (40%)	
High risk	6 (50%)	7 (35%)	
Histological grade			
1/2	16 (88.9%)	21 (72.4%)	0.18
3	2 (11.1%)	8 (27.6%)	
Tumor size			
Range (median)	20-70mm (35mm)	8-48mm (27mm)	0.02
Myometrial invasion			
range (median)	18-99% (60mm)	0.2-100% (48mm)	0.23
Myometrial invasion			
<50%	5 (35.7%)	13 (52%)	0.33
>50%	9 (64.3%)	12 (48%)	
LVSI			
Yes	11 (73.3%)	15 (57.7%)	0.15
No	4 (26.7%)	11 (42.3%)	
MELF			
Yes	7 (50%)	5 (20%)	0.05
No	7 (50%)	20 (80%)	
TILs			
range (median)	0-90% (40%)	0-90% (10%)	0.13
Note			
Positive	4 (33.3%)	1 (5%)	0.03
Negative	8 (66.7%)	19 (95%)	

Conclusions Loss of MLH1 was associated with bigger tumors, MELF pattern of myoinvasion, and positive lymph nodes. Tumors with MLH1 loss presented more myometrial infiltration, more LVSI, and more TILs, although it did not reach a statistical level of significance. The presence of higher percentage of TILs, as well MLH1 loss itself, may indicate immunotherapy susceptibility.

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406 EPIDEMIOLOGICAL PROFILE OF PATIENTS DIAGNOSED WITH ENDOMETRIAL CARCINOSARCOMA, IN A PUBLIC HOSPITAL IN THE EAST OF SÃO PAULO

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Objectives To identify the epidemiological profile of patients treated at a public service in the eastern zone of São Paulo with a diagnosis of endometrial carcinosarcoma (CSA).

Methods Data collection of patient's medical records who underwent follow-up at the Oncology Gynecology Santa Marcelina Hospital in Itaquera's ambulatory from 2001 to 2017,

with the diagnosis of CSA. A database analyzing the age, parity, smoking, the main complaint, the use of pre/post-menopausal hormone, the treatment performed, recurrence and death was elaborated.

Results In total, 14 patients were attended, aged between 57 and 86 years (mean age 73.4 years) and 80% of cases had vaginal bleeding after menopause. The vast majority were multiparous and had not hormone replacement therapy. They underwent a surgical treatment and 12 cases went through adjuvant therapy with radiotherapy, chemotherapy, brachytherapy, or their associations (85.7% adjuvancy). Six patients developed recurrence (42.8%), with local recurrences (14.2%) and remote recurrences (28.5%), all of them progressing to death within 2 years of follow-up.

Conclusions CSAs comprise a tumor's group with components of epithelial and mesenchymal origin, predominantly epithelial, and are currently classified as endometrial carcinoma. These represent less than 5% of uterine tumors and exhibit aggressive behavior. As described in the literature, patient's epidemiological profiles are similar in terms of age, initial symptom of postmenopausal vaginal bleeding and high death rate possibly due to late diagnosis and difficulty to access specialized public services. They differ when compared: parity and use of hormonal therapy.

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407 PROFILE OF PATIENTS WITH ENDOMETRIAL CANCER IN A PRIVATE INSTITUTION IN BRAZIL

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Objectives Endometrial cancer is the third most common cancer among women worldwide, although epidemiological data in Brazil is poorly known. This study aimed to describe epidemiology of endometrial cancer in a private center institution.

Methods A retrospective cohort was conducted at BP – Beneficência Portuguesa de Sao Paulo, Brazil from January 1st, 2010 to March 31st, 2019. Variables analyzed as age, International Federation of Gynecology and Obstetrics (FIGO) classification, baseline performance status, obstetrical and physical background, tobacco use, body mass index (BMI) type of treatment and outcome.

Results One hundred and twenty-seven (127) cases of endometrial cancer were diagnosed during the study period. The median age was 66 years [29–94]. The majority of patients were postmenopausal status [95%], 18% of the patients admitted tobacco use and almost 40% were obese. Endometrioid was the most frequent histology [77% - 0,43–1,00]. Most were locally advanced [FIGO II-IV] and treated with surgery associated with radiation or platinum-based chemotherapy. Despite this, with a median of 2.5 years for relapse [50% of patients], local recurrence was more frequent. On this setting, chemotherapy was the main treatment. Only 7% of the women underwent to somatic study. Median overall survival was 6 years [1–11] and we did not find statistical significance when related to histology and risk factors.

Conclusions Endometrial cancers are diagnosed at a late stage in our cohort, which has an impact on treatment options and