

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
Node			
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.

IGCS19-0451

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

C De Moraes Gomes Lopes*, T Gomes de Almeida, M Tavares e Silva, G Pelegrina Neto, C Martin Gomez. *Hospital Santa Marcelina, Ginecologia oncológica, São Paulo, Brazil*

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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.

IGCS19-0699

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

L Gomes*, M Oliveira- MNG Oliveira, AC Barbosa- ACS, C Miranda- CBP, R Macedo- RJP, G Dal Molin- GZ. *BP – Beneficiencia Portuguesa of Sao Paulo, Oncology, Sao Paulo, 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 – Beneficiencia 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

survival. Awareness of population for signs and symptoms and screening programs need to be reinforced to insure earlier diagnosis and patient retention.

IGCS19-0056

408 A RETROSPECTIVE STUDY OF UTERINE SMOOTH MUSCLE TUMOR OF UNCERTAIN MALIGNANT POTENTIAL (USTUMP): AN ANALYSIS OF 19 CASES

C Gu*, X Chen, C Ning. *Obstetrics and Gynecology Hospital, Fudan University, Gynecology, Shanghai, China*

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Objectives The present study aimed to evaluate the clinicopathologic features, prognosis and follow-up of uterine smooth muscle tumor of uncertain malignant potential (uSTUMP) in a single institution. In addition, we described the obstetric outcomes after uterine-preserving surgery for uSTUMP.

Methods A retrospective chart review was performed of patients diagnosed with uSTUMP between January 2001 and December 2015 in the Obstetrics and Gynecology Hospital, Fudan University. Variables of interest included the patients' demographics, morphological parameters, therapeutic results, time to recurrence, disease-free and overall survival, and subsequent obstetric outcomes. Pathology reviews were carried out by two pathologists (Z.L.H. and Z.C.Y.).

Results Nineteen patients with an initial diagnosis of uSTUMP were included in the study, and three of them were interpreted as sarcoma after slide review. In total, 16 patients with a final diagnosis of STUMP were available. The recurrence-free survival (RFS) curves differed significantly between uSTUMP and sarcoma group ($p=0.003$). One uSTUMP patient (6.3%) developed a recurrence as uSTUMP during the follow-up period. The clinical characteristics and histology features did not show significant correlations with recurrence, nor was the surgery type (uterus conserving versus hysterectomy) and surgery approach. Six uSTUMP patients requested uterine-preserving treatment, and two of whom wanted to become pregnant. Both of them (2/2) successfully delivered live birth without tumor recurrence.

Conclusions The patients of uSTUMP deserve a pathology review process in centers with experience. Recurrences can be rapid or slow in the form of uSTUMP or LMS. Fertility-preserve management is worth attempting in young patients with close follow-up.

IGCS19-0101

409 SERUM CA125 IN PATIENTS WITH ENDOMETRIAL CANCER

Y Hashiguchi*, M Yamauchi, M Kasai, T Fukuda, T Ichimura, T Yasui, T Sumi. *Osaka City University Graduate School of Medicine, Obstetrics and Gynecology, Osaka, Japan*

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Objectives CA125 is one of the most widely used tumor markers in gynecological cancer including endometrial cancer. Although CA125 expression in endometrial cancer has been investigated, its prognostic value remains controversial. In this

study, we investigated diagnostic and prognostic applications of serum CA125 for endometrial cancer.

Methods Between January 2006 and December 2012, serum CA125 levels were examined prospectively in 215 patients with endometrial cancer, and were then determined during treatment and at scheduled follow-up examinations in patients with elevated baseline serum CA125 levels.

Results During this period, a total of 215 patients (stage I, 142; stage II, 19; stage III, 32; stage IV, 22) were treated for endometrial cancer. The median age was 60 years (28–85), and histology types included 191 endometrioid carcinoma and 24 others. Subsequently 52 patients (24.2%) relapsed at the time of the last follow-up and the median follow-up time was 91 months (1–143). Elevated serum CA125 levels were identified in 69 patients (32.1%) and were associated with relapse of disease ($p=0.005$). Among the 69 patients with elevated serum CA125 levels, 56 (81.2%) achieved remission and serum CA125 levels returned to the normal range in all cases. There is no statistically significant relationship between an elevated CA125 levels and OS ($p=0.06$).

Conclusions Serum CA125 level seemed to be a potential prognostic indicator for endometrial cancer in clinical practice.

IGCS19-0372

410 ENDOMETRIAL CANCER IN YOUNG WOMEN: EPIDEMIOLOGICAL FEATURES, THERAPEUTIC CHARACTERISTICS AND PROGNOSIS

O Kaabia*, G Nourallah, Z Rym, L Aymen, S Aymen, B Mohamed, K Hédi. *Université de Sousse- Faculté de Médecine de Sousse- Hopital Farhat Hached- LR12ES03- 4000- Sousse- Tunisia-, Gynecology and obstetrics department- Farhat Hached Teaching Hospital, sousse, Tunisia*

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Objectives The purpose of this study was to evaluate the epidemic profile and the survival rate of endometrial carcinoma in women ≤ 45 years of age in Tunisia

Methods It is a retrospective study of a prospective mono-centric database from January 2008 to January 2019. We evaluated the clinical history, treatment, and follow-up of 20 women ≤ 45 years of age diagnosed with endometrial cancer, from a global cohort of 228 patients diagnosed in our center with endometrial cancer during the same period.

Results The mean age was 40 years (29–45). Fifteen patients (75%) were married at the time of diagnosis and 12 (60%) were nulliparous. Menorrhagia was the main revealing symptom (60%). According to the FIGO classification for endometrial cancer: IA, 9 (45%); IB, 4 (20%). Tumors were well differentiated in 6 (30%), moderately differentiated in 5 (25%), and poorly differentiated in 9 (45%). A fertility-sparing technique was proposed in 9 cases (45%) and only one patient did not have hysterectomy. All patients had laparotomy when surgery was performed. External Radiotherapy was indicated in 25% of the patients and chemotherapy in 10%. 35% of the patients had chemotherapy. The mean overall survival (OS) was 104 months ± 10 . The OS and the disease free survival (DFS) at 3 and 5 years were equal, respectively at 95% and 80%.

Conclusions Patients ≤ 45 years of age with endometrial cancer represent less than 10% of all endometrial cancer patients. Although, advanced stage disease is prevalent (45%), the prognosis at 5 years seems acceptable (OS and DFS 80%).