



Abstract 377 Figure 1

Conclusions SLN mapping and bilateral SLN detection with ICG in endometrial cancer was not different in laparoscopic and robotic approach, even though patients undergoing robotic approach were older and more obese. Bilateral SLN detection was associated with improved 3-year DFS, but not with 3-year OS, compared to no and unilateral SLN detection.

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378 CERVICAL ADENOCARCINOMA. WHAT IS THE REASON FOR REFERRAL?

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Introduction The objective of this presentation is to evaluate the reason for referral of patients with a diagnosis of cervical adenocarcinoma treated in the Cervical Pathology Unit of the Hospital San Borja Arriaran.

Material and Method Retrospective analysis of records of patients treated for cervical adenocarcinoma, between the years 2008 to January 2019.

Results Of 5353 positive cytologies studied between January 2008 and January 2019, a total of 105 adenocarcinoma were found, with a median age of 47 years (between 20 to 85 years). Out of these 105 patients: 15% were referred due to clinical suspicion, of which 5 patients (30%) had a visible tumor; and 89 patients (85%) were referred due to altered cytology, corresponding to 2% of the total.

Analyzing the cytology that originated the referral of these 89 patients with abnormal results, 41.5% (37) had a PAP suggestive of adenocarcinoma, 6.7% (6) were suggestive of squamous carcinoma, 28% (25) had a PAP NIE II-III, and 23.5% (21) had an atypical in one of its three varieties [double non-specific atypical: 9.5% (2), glandular atypical: 47.6% (10) and atypical that does not exclude high-grade injury 42.8% (9)].

Conclusions Cervical adenocarcinoma is an emerging entity and it is difficult to diagnose. Screening programs do not necessarily decrease its incidence, on the contrary, they have

become the main source of referral for cervical adenocarcinoma. In our review, it corresponded to 85% of the cases. Despite the difficulty of investigating an adenocarcinoma through PAP, this was the main cause of referral. The referral for clinical suspicion corresponded to 15%.

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379 FREQUENCY AND MOLECULAR ASSOCIATIONS OF KRAS MUTATIONS IN GYNECOLOGIC MALIGNANCIES

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Introduction KRAS inhibitors have efficacy with non-small cell lung, pancreatic, and colon cancers. The therapeutic role in gynecologic malignancies remains investigational.

Methods Caris next-generation sequencing profiles of 859 gynecologic cancers from our institution were queried for KRAS- and BRCA-mutations, microsatellite instability (MSI), and tumor mutational burden (TMB). Wilcoxon and Fisher-Exact tests were used for comparison of molecular signatures and $p < 0.05$ was regarded significant.

Results KRAS-mutations were present in 12.7% (33/259) uterine [endometrial cancer (EC)] and 6.7% (27/404) ovarian cancers (OC). KRAS-mutations in Type I vs. Type II EC were 20.7% (19/92) and 9.4% (13/139), respectively, and 3.6% (1/28) sarcoma. KRAS-mt OC by histologies were: papillary serous (9/306, 2.9%), endometrioid (9/23, 39.1%), mucinous (4/5, 80%), MMMT (3/38, 7.9%), clear cell (2/17, 11.8%), granulosa (0/10, 0%), and other histology (0/5, 0%) (table 1). KRAS-mutations were limited to exon 2. (for subtypes, see figures 1A and 1B). BRCA1/2-mt and KRAS-mutations were mutually exclusive in both EC and OC. KRAS-mutated EC had a greater association with MSI-H (34.8% KRAS-mt vs 16.4% KRAS-wt, $p=0.0445$) and TMB (median=9 mt/MB vs 8 mt/MB, $p=0.0123$) than KRAS-wt. No difference in TMB and MSI status was seen between KRAS-mt vs KRAS-wt OC.