SURVIVAL OUTCOMES IN ENDOMETRIAL CANCER

MOLECULAR SUBTYPE DIAGNOSIS OF ENDOMETRIAL CANCER

Abstracts

40.8 to 42.9 with an annual percent increase (AAPC) of 0.5% per year (p<0.05). The 65–69 year old group had the highest incidence (185.4). With respect to race, the highest baseline incidence was in Blacks at 49.5 that increased 2.3% per year (AAPC). Whites had an incidence of 43.6 with an annual percent increase of only 0.4%. The Hispanics had an incidence of 35.0 (AAPC=1.1%), then Asians incidence 24.0 (AAPC=1.3%). The intersectionality of age and race showed the group with the highest risk was 65–69 year old and Black with an incidence of 281.1 (AAPC=2.3%).

Conclusion The intersectionality of age and race found that 65–69 Black women with the highest incidence of uterine cancer with a six-fold increase compared to the general population, using hysterectomy-corrected data. Further studies are warranted to determine potential genetic, social-determinant, or environment exposures to explain these findings.

IGCS20_1179

SURVIVAL OUTCOMES IN ENDOMETRIAL CANCER PATIENTS HAVING LYMPHADENECTOMY, SENTINEL NODE MAPPING FOLLOWED BY LYMPHADENECTOMY AND SENTINEL NODE MAPPING ALONE: LONG-TERM RESULTS OF A PROPENSITY-MATCHED ANALYSIS

Objective Sentinel node mapping (SLNM) has replaced lymphadenectomy for staging surgery in apparent early-stage endometrial cancer (EC). Here, we evaluate long-term survival of three different approaches of nodal assessment in EC.

Methods This is a multi-institutional retrospective study evaluating long-term outcomes (at least 3 years) of patients having lymphadenectomy, SLNM followed by lymphadenectomy and SLNM alone. We applied a propensity-matched algorithm. Survival outcomes were assessed using Kaplan-Meier and Cox proportional hazard models.

Results Applying a propensity score matching algorithm we selected 180 patients having SLNM (90 SLNM vs. 90 SLNM followed by lymphadenectomy). Additionally, a control group of 180 patients having lymphadenectomy was selected. Overall, 10% of patients were diagnosed with positive nodes. Low volume disease was observed in 16 cases (5 micrometastasis and 11 isolated tumor cells). Patients having SLNM followed by lymphadenectomy had a higher possibility to be diagnosed when using traditional risk stratification. We are transitioning from a stage IIIC disease in comparison to lymphadenectomy alone (p=0.02); while we did not observe a difference in the diagnostic value of SLNM followed by lymphadenectomy and SLNM (p=0.389). Median follow-up time was 69 (7–206) months. There were no statistical differences in terms of disease-free (p=0.570, log-rank test) and overall survival (p=0.911, log-rank test); Similarly, they did not impact on survival outcomes after stratification by low, intermediate and high-risk patients.

Conclusions Our study highlighted that SLNM provides similar long-term oncologic outcomes than lymphadenectomy, even in high-risk patients. Further evidence is warranted to assess the prognostic value of low volume disease detected by ultrastaging in patients following SLNM.

IGCS20_1067

MOLECULAR SUBTYPE DIAGNOSIS OF ENDOMETRIAL CARCINOMA: COMPARISON OF NGS PANEL AND PROMISE CLASSIFIER

Objective The molecular classification of endometrial carcinoma (EC) is taking the diagnosis on EC to a more comprehensive level and will aid to better identify those patients whose disease is likely to behave differently than predicted when using traditional risk stratification. We are transitioning