overall MMR status when age 50 was used as a hypothetical testing threshold. After correcting for tumour grade as a confounding variable it was shown that MLH1 and PMS2 expression were negatively correlated with increasing age while MSH6 expression was positively correlated with increasing age at diagnosis (figures 1 and 2).

Conclusion There is no statistically significant difference in overall immunohistochemical MMR status when using the age of 50 as a threshold for tumour analysis. Such a threshold would have missed 82.3% of cases with tumoral MMR deficiency and should not be included in lab protocols for EEC IHC analysis. Reflex testing of all EEC cases is highly advised as IHC testing is no longer solely about diagnosis of Lynch syndrome. Prospective evidence is required to clarify the role IHC scoring and semi-quantitative analysis should play in MMR status interpretation and patient management especially in the ever-evolving field of targeted therapeutics.

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Introduction/Background Laparoscopic hysterectomy has been proven to be a safe surgical procedure and is globally accepted as the standard treatment for early-stage endometrial cancer, despite insufficient data on long-term survival. Aim was to provide the five-years outcomes of a randomised Dutch trial on total laparoscopic hysterectomy (TLH) versus total abdominal hysterectomy (TAH) in early-stage low-risk endometrial cancer.

Methodology Follow-up of a multi-centre, randomised controlled trial on TLH versus TAH without routine lymphadenectomy. A total of 279 women with stage I endometrial cancer were enrolled between 2007–2009 in a 2:1 randomisation to undergo either TLH (n=185) or TAH (n=94). Primary outcome was disease-free survival. Secondary outcomes were primary site of recurrence, overall and disease-specific survival. The Kaplan-Meier survival curves and Cox proportional hazard ratios were applied.

Results Follow-up data of 253/279 patients are available. At a median follow-up time of 5.0 years, disease-free survival was 90.4% after TLH and 83.3% after TAH, HR 0.68 (95% CI 0.31–1.49). There were no port-site metastases and local recurrence rates were comparable. After adjustment for the covariates, overall survival outcomes were comparable between groups HR 0.64 (95% CI 0.33–1.26). Disease-specific survival was comparable between both groups.

Conclusion This is the first study reporting on survival among women with early-stage endometrial cancer randomised to TLH or TAH, without routine lymphadenectomy. No significant differences were found in disease-free, overall and disease-specific survival five-years postoperatively. This supports the widespread use of laparoscopic hysterectomy as primary treatment procedure for early-stage, low-grade endometrial cancer.

Disclosures None.