statistics were used to present patients' and disease characteristics, as well as Kaplan- Maier curves for disease free survival and overall survival curves were estimated.
Result(s)* Records from 45 patients with stage IIIC and IV endometrial cancer between 2012 and 2018 were retracted. In our records, 35 (78%) patients were treated with primary debulking and 10 (22%) with neoadjuvant chemotherapy and interval debulking, because of primary inoperable tumor. Patients were staged as IIIC1 (13/45) IIIC2 (13/45) and IVa (1/45) and IVb (18/45). Complete or optimal debulking (primary or interval) was achieved in 31/45 patients (69%), while residual or unresectable disease was recorded in 14/45 (31%). Median overall survival was 38 months. Specifically, median overall survival in patients with complete cytoreduction (RD 0) was > 96 months and 41 months in patients with optimal cytoreduction (RD <1). However, patients with residual disease >1cm had a median overall survival of 7 months. RD < 1 showed a 4,67 increased risk for death (p: 0.012) and R>1 showed a 12,2-fold (p<0,01) increased risk for death compared to complete cytoreduction. Age and ca- 125 at diagnosis and Charlson comorbidity index did not seem to have an impact on survival.
Conclusion* Complete cytoreduction is the most important factor which influences survival in advanced endometrial cancer patients.

689 IS THE SARCOMATOUS COMPONENT THE PROGNOSTIC 'DRIVING FORCE' IN EARLY-STAGE UTERINE CARCINOSARCOMAS?

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Introduction/Background* Uterine carcinosarcomas (UCSs) are aggressive biphasic malignancies, with a high grade carcinomatous/epithelial component and a high grade sarcomatous/mesenchymal counterpart. Several studies identified the carcinomatous part as the main factor affecting the aggressive behaviour of UCSs. However, other studies reported that the sarcomatous component, especially the presence of heterologous elements, was associated with a worse prognosis. The prognostic 'driving force' is not completely clear for these kind of tumours. For this reason, the aim of our study was to evaluate the impact of the sarcomatous component (Homologous vs Heterologous) on the overall survival (OS) and progression-free survival (PFS).
Methodology This is a multicenter observational retrospective study conducted in patients with stage I and II UCSs.
Result(s)* Ninety-five women with histological diagnosis of early stage UCSs were retrieved: 60 (63.2%) had tumors with homologous sarcomatous components, and 35 (36.8%) with heterologous. Tumors with a sarcomatous heterologous component were significantly larger than the homologous (T ≥ 50 mm: 82.9% *vs* 51.7%, p-value=0.002) and presented more often lymph-vascular space invasion (62.9% vs 25.9% respectively in patients with heterologous and homologous component, p-value=0.001). At univariate analysis, a stromal invasion ≥ 50%, the presence of clear cell, serous or undifferentiated carcinomatous component, the heterologous sarcomatous component and the FIGO stage IB and II were shown to be variables with a statistically significant negative impact on PFS. Similarly, a depth of invasion ≥ 50%, the heterologous sarcomatous component and the FIGO stage IB and II were statistically negative prognostic factors also concerning OS. At multivariate analysis, only the heterologous sarcomatous component was confirmed to be a statistically significant negative prognostic factor both on PFS (HR 2.362, 95% CI 1.207-4.623, p-value=0.012) and on OS (HR 1.950, 95% CI 1.032-3.684, p=0.040).
Conclusion* In conclusion, in our large series of UCSs, both carcinomatous and sarcomatous components played a role in tumor progression and patients' survival. However, only the sarcomatous component retained a statistical significance at the multivariable model suggesting its preeminent prognostic role in early stage UCSs.

692 PROGNOSTIC INDICATORS OF MALIGNANT INTRALUMINAL CELLS FOR PATIENTS WITH ENDOMETRIAL CANCER

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Introduction/Background* Hysterectomy with bilateral salpingo-oophorectomy with nodal analysis is the preferred primary management for the vast majority of patients with endometrial cancer.[1] Microscopic evaluation of the fallopian tubes occasionally identifies free floating intraluminal cancer cells (FFICC) without an in situ or invasive tubal component.[2] FFICCs have been recently reported in the literature to be associated with lower survival in high risk endometrial cancer histologies.[3] The mechanism of action proposed involves exfoliation through the fallopian tubes and spillage into the peritoneal cavity leading to widespread metastatic potential.[4] Although the significance of peritoneal cytology has historically been questioned and since removed from surgical staging, a positive correlation for FFICCs has been noted among patients with positive washings.[5] Our study aims to determine the incidence of FFICC's, risk factors as well as their prognostic significance.
Methodology A retrospective analysis was performed including all patients at our institution with a diagnosis of endometrial cancer who underwent surgical management between the years 2015 and 2018. Demographic and histopathologic variables were collected including stage, grade, lesion size, histologic subtype, and cytologic analyses. All recurrences, treatment plans, date of follow up and date of death were documented
Result(s)* A total of 481 patients were included. Median age was 63 (28-92) with median follow up of 32 months. FFICCs were identified in 14% of the total sample (endometrioid, n= 55 versus non-endometrioid histologies, n= 13). Patients who had a robotic vs abdominal hysterectomy had an increased risk of FFICCs with an odds ratio of 2.9 (p=0.016). Presence of FFICCs was not clearly associated with grade or stage. Positive cytology was associated with an odds ratio of 6.6