Introduction/Background* The purpose of this study was to evaluate the clinical and pathologic prognostic factors associated with survival in patients with clear cell carcinoma (CCC) of the endometrium.

Methodology Retrospective review of endometrial clear cell carcinoma was conducted in order to evaluate the clinico-pathologic prognostic factors.

Result(s)* Fifty-five patients were diagnosed with endometrial CCC. The median overall and disease-free survivals were 40 and 20 months, respectively. A univariate analysis was performed with respect to stage of disease, age, lymph nodes status, myometrium invasion, lymph vascular space invasion and adjuvant therapy. Stage was found to be the only important prognostic factor related to survival. In fact, early stage had a median survival of 77 months compared to 34 months in the advanced disease ($p < 0.04$). These differences remained significant after adjusting for single stage (stage III versus IV). However, no differences in survival were observed between stage I and II.

Conclusion* Endometrial CCC is a rare histotype. Advanced stage disease is considered a poor prognostic factor. Recurrences are high even in early stage. Randomized clinical trials are needed.

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END-OF-STUDY RESULTS OF A PROSPECTIVE LONGITUDINAL STUDY ON SENTINEL NODE DETECTION IN ENDOMETRIAL CANCER BY DUAL FUNDIC AND CERVICAL ICG INJECTION

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Introduction/Background* The aim of this study is to present the final results of the study of dual cervical and fundal injection with ICG in endometrial cancer for sentinel lymph node detection. The hypothesis of this study is that fundal injection does not obviate the infundibulo-pelvic drainage pathway and improves the detection of the aortic sentinel lymph node, making it possible to add aortic mapping to the excellent pelvic mapping achieved by cervical injection.

Abstract 967 Figure 1

Methodology This is a 6-year (June 2014-December 2020) prospective, observational cohort study with 332 patients evaluated. Inclusion criteria were early endometrial cancer, and low/intermediate or high risk criteria of the ESMO/ESGO/ESTRO 2014. Sentinel lymph node (SLN) biopsy with dual cervical and fundal indocyanine green injection was performed in all cases, associating aorto-caval lymphadenectomy up to the left renal vein in intermediate and high risk cases.

Result(s)* Detection rate (DR) was 94%. Pelvic DR, Bilateral Pelvic and Aortic Dr was 91.3%, 70.5% and 67.2%. The DR of all the anatomical areas (left & right pelvic & aortic) was 53.6%. Sentinel node detection improved overall detection by 3%. There were a total of 16.9% positive nodes for macro-metastases or low-volume disease, 1 out of 4 isolated lymph node metastases corresponds to the aortic area. Sensitivity was 98.3% (95% CI 91-99.7), specificity 100% (95% CI 98.5-100), NPV 99.6% (95% CI 97.8-99.9) and PPV 100% (95% CI 93.8-100).

Conclusion* Dual fundic and cervical injection is a feasible technique, which provides additional mapping of the aortic area and allows improved sentinel node detection rates in endometrial cancer, allowing detection of otherwise missed aortic lymph node involvement, which corresponds to a quarter of stage IIIC, and thus a greater number of cases of lymph node involvement that are not limited to the pelvic area.

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HORMONAL RECEPTORS EXPRESSION IN UTERINE LEIOMYOSARCOMAS

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Introduction/Background* Uterine leiomyosarcoma (ULS) is a rare tumor, accounting for less than 2% of uterine cancers. Its prognosis is poor because of its aggressiveness and its poor response to chemotherapy and radiation therapy. The evaluation of anatomo-pathologic conventional parameters,

particularly the FIGO stage, is insufficient to predict their evolutionary profile. To better understand, the biology of these tumors is needed to assess prognosis and adapt therapeutic management.

Methodology This is a retrospective study of 29 cases of ULS from the Department of Pathological Anatomy and Cytology of Salah Azaiez Institute of Tunis over 17 years (2004 - 2020).

The expression of estrogenic and progesterone receptors (RO and RP) was studied by immunohistochemistry (automate BOND MAX leica). Immunolabelling was assessed for the entire tumor and we established the average. The threshold of positivity chosen was 10% regardless of the intensity.

Result(s)* The mean age medium was 52 years [min 39 - max 70 years]. Tumors were stage I in 48%, stage II in 14%, stage III in 24%, and stage IV in 14% of cases.

We found co-expression of RO and RP in 11 cases, expression of ER only in 3 cases, expression of PR only in 4 cases, and lack of expression of both markers in 11 cases.

The breakdown by FIGO stage was as follows: RO+ tumours 22%, 11%, 56% and 11%, RP+ tumours 30%, 20%, 50% and 0%. We did not find a correlation between stage and expression of RO or RP.

Conclusion* We did not find a correlation between the hormonal receptor expression and stage. The place of hormone therapy, which is increasingly used in other uterine sarcomas such as endometrial stromal sarcoma, remains to be clarified by large-scale clinical trials.

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HORMONAL RECEPTORS EXPRESSION IN ENDOMETRIAL STROMAL SARCOMAS

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Introduction/Background* Endometrial stromal sarcoma (ESS) is a rare uterine mesenchymal tumor, accounting for 20% of all uterine sarcomas. It ranks second among uterine sarcomas, after leiomyosarcomas. These are low-grade tumors. The prognosis depends primarily on the tumor stage.

Hormone receptors estrogenic and progesterone receptors (RO, RP) can help to select patients who will be treated with hormone therapy.

The objective of our work was to determine the level of expression of PRs and ROs in the ESS.

Methodology Patients were selected from the computerized archives of the Department of Pathological Anatomy and Cytology of Salah Azaiez Institute. We selected 11 cases of low-grade endometrial stromal sarcomas that were diagnosed over 18 years (2002 -2020).

Result(s)* ROs were expressed in 7 cases and RPs in 8 cases: a co-expression of RO and PR in 7 cases, an expression of PR only in 1 case, and a lack of expression of both markers in 3 cases.

Conclusion* According to the literature, the expression ROs is found in 50 to 94% of ESS, and PR is found in 52 to 100% of ESS. Our results are comparable to those in the literature.

Indeed, immunohistochemistry is currently a diagnostic and therapeutic tool in ESS. The meaning of this term has been studied by many authors. It would appear that the determination of this hormonal status is useful for selecting a group of

patients that are likely to respond to hormone therapy. This hormone therapy is much less toxic than conventional chemotherapy and could be used as adjuvant therapy or in metastatic disease.

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ANALYSIS OF MICROSATELLITE INSTABILITY IN ENDOMETRIAL CANCERS: COMPARATIVE EVALUATION OF MOLECULAR-BASED ASSAYS IN FORMALIN-FIXED TISSUES

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Introduction/Background* Microsatellite instability (MSI) is routinely analyzed in patients with endometrial cancers for selecting patients for immunotherapy. Standard reference methods recommended for MSI/dMMR (deficient Mismatch Repair) are immunohistochemistry and pentaplex PCR assays.

Methodology We evaluated here the performance of a custom capture-based NGS method, digital droplet (dd)-PCR and automated-PCR for the determination of MSI status in 30 formalin-fixed paraffin embedded (FFPE) tissue samples from patients with endometrial and colorectal cancers. All samples have been previously characterized using standard reference methods, set as gold standard.

Result(s)* Overall agreement, sensitivity and specificity were 93.3%, 93.8% and 92.9% for NGS. Overall agreement, sensitivity and specificity were 100% for dd-PCR and automated-PCR assays.

Conclusion* NGS, dd-PCR and automated-PCR can be used routinely used for the analysis of MSI detection and represent complementary options to IHC and pentaplex PCR assays. Dd-PCR and automated-PCR assays allow easy and fast analysis while NGS allows simultaneous analysis of MSI and clinically relevant genomic alterations.

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PERITONEAL CYTOLOGY IN ENDOMETRIAL CANCER

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Introduction/Background* Peritoneal cytology was analysed in endometrial carcinoma and its correlation to the histological type, FIGO classification of tumour, tumour grade and age. The goal was to determine presence of tumour cells in peritoneal cytology and its correlation to histological type, FIGO classification of tumour, tumour grade and age in the moment of surgical treatment. Second goal was follow up the patients with and without positive peritoneal cytology and early stage tumor.

Methodology The study was retrospective included patients that have been surgically treated at the Oncology Institute of Vojvodina in period of October 2012. up to January 2020. 300 patients were analysed. Comparison was made between two groups in FIGO classification, histological type, grade of tumour and age in the moment of surgical treatment.