not done on 'very low-risk' ECs, defined as Stage 1A, G1/G2, no LVI, MMR proficient and without p53 abnormalities.

Results 30% of full cohort and 38% of population-based patients were classified as 'very low-risk', and did not undergo POLE testing. 'Very low-risk' ECs with unknown POLE status showed excellent clinical outcomes in both univariable and multivariable survival models. Amongst G1/G2 EEC, 14/566 (2.5%) were p53abn, and G1/G2 EEC constituted 14/166 (8.4%) of all p53abn ECs.

Conclusions Molecular classification of EC can be safely and more pragmatically incorporated into routine clinical practice using universal MMR and p53 IHC, and foregoing POLE testing in 'very low-risk' ECs where this has no therapeutic impact. Restricting molecular testing to high-grade/high-risk EC would miss some p53abn patients.

OP015/#492 FURTHER STRATIFICATION OF NO SPECIFIC MOLECULAR PROFILE (NSMP/P53WT) ENDOMETRIAL CARCINOMAS TO REFINE PROGNOSIS AND IDENTIFY THERAPEUTIC OPPORTUNITIES

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Objectives Molecular classification identifies >50% of endometrial cancers (ECs) as having 'no specific molecular profile/NSMP'; without mismatch repair deficiency, p53 IHC abnormalities, or pathogenic POLE mutations. Clinical presentation and outcomes within NSMP ECs are diverse and optimal treatment unclear with new ESMO/ESTRO/ESP guidelines unchanged for this molecular subtype. Better biomarkers are needed to predict if and what adjuvant therapies are needed.

Methods We characterized the clinicopathological and molecular (IHC+NGS) profiles of 1047 NSMP ECs in women from population-based and institutional cohorts, testing for associations with treatment response and outcomes.

Results Key pathologic and molecular features associated with survival parameters ($p<0.01$) are tabulated below. 31% of NSMP ECs had CTNNB1 mutations, however, associations with outcomes (PFS) were observed only within Gr1/2 early-stage endometrioid ECs($p=0.03$), or if restricted to ECs without substantial LVI or L1CAM overexpression ($p< 0.005$). TP53 mutations (with normal p53IHC) were discovered in 41 women with a trend ($p=0.06$) to worse survival. On multivariable analysis only grade (3vs.1/2) maintained significance. 8% of this cohort would be eligible for current molecular classification de-escalation trials. Treatment received did not impact survival within low-, intermediate-, or high-intermediate risk NSMP ECs. Within high-risk, the most favorable outcomes were observed in women who received pelvic radiation with no observed benefit of chemotherapy.

Conclusions Additional prognostic stratification of NSMP ECs can be achieved with both pathologic and molecular features. Further study within NSMP subgroups may identify conventional, hormonal or targeted therapies that are more effective.

Abstract OP015/#492 Table 1

	Full cohort	Stage IA	Stage IB	St II-IV
Total	1047 (100%)	673 (67%)	164 (16%)	175 (17%)
Age -median (range)	61 (22-96)	59 (22-94)	66(32-93)	63(32-96)
BMI-median (range)	31 (16-82)	31 (16-82)	31 (16-66)	29 (16-53)
Grade 1/2/3 (%)	69/17/14%	79/15/7%	66/19/15%	34/29/37%
Histo┼ endometrioid	974 (93%)	641 (96%)	159 (97%)	142 (82%)
LVI neg/focal/substantial	82/15/3%	93/6/1%	73/20/6%	45/45/10
ESMO low/int/HIR/high	52/10/14/23	78/0/17/5	0/68/17/15	0/0/0/94
ER neg/weak/strong	7/16/77	5/14/81	7/19/73	17/24/59
PR neg/weak/strong	11/20/69	8/18/74	5/29/66	31/19/50
L1CAM overexpression	15%	13%	13%	24%
ARID1A loss (IHC)	33%	31%	38%	36%
PIK3CA mutation	39%	39%	32%	35%
Post-surgical Rx (%) none/VB/EBRT/chemo+/- RT	65/14/9/12	83/11/4/2	38/39/14/9	21/5/25/47
Overall survival event	198 (19.5%)	79(12%)	38(24%)	64 (37%)
Disease specific survival event	82 (8%)	17 (3%)	11 (7%)	43 (26%)
Progression/recurrence events	102 (10.4%)	37 (5.7%)	19 (12%)	44 (29%)

Cox regression and Kaplan-meier analysis demonstrate statistically significant associations w/outcomes (OS, DSS, PFS) ($p<0.01$) for all parameters except Age, BMI, and PIK3CA (OS +DSS only) + ARID1A (OS only)

OP016/#563 MORBIDITY AND QUALITY OF LIFE OF SENTINEL LYMPH NODE MAPPING IN ENDOMETRIAL CANCER. INTERIM ANALYSIS OF A PROSPECTIVE RANDOMIZED TRIAL (ALICE TRIAL)

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Objectives Despite the growing evidence of sentinel lymph node mapping (SLN) in endometrial cancer, studies addressing morbidity and impact on quality of life (QoL) are still scarce. Our aim was to evaluate treatment morbidity and QoL for SLN ± systematic lymph node dissection (LND) in endometrial cancer.

Methods We performed an interim analysis of ALICE trial (NCT03366051), randomized controlled non-inferiority trial on SLN±LND. For the present analysis we included patients excluded from randomization (e.g.low-risk) that underwent only SLN (n=83). High-risk patients were randomly assigned to SLN (n=33) or SLN+LND (n=37). Complications were classified by Clavien-Dindo score and QoL by the EORTC QLQ30 and Cx24.

Results Total of 153 women were analyzed. Patients that received SLN+LND had overall more early complications (≤30days) compared to SLN (32% vs. 14.1%;p=0.011), being grade ≥3 of 5% and 0.8%, respectively. We found no difference in median score of global health status at baseline and during follow-up time at 1, 6 and 12 months. At 1 month of follow-up, the scores of physical functioning (p=0.02), social functioning (p=0.008), symptoms scales (p=0.008), constipation (p=0.001) and a sexual worry (p=0.004) were all worse for SLN+LND group. Moreover, physical functioning score maintained worse for SLN+LND group at 6 and 12months of follow-up. Regarding lower limb lymphedema, we noted a worse mean score for SLN+LND at 12 months of follow-up compared to SLN (p=0.01).

Conclusions We found that addition of LND to SLN increased the early complication rates and was related to a worse QoL scores, including for lower limb lymphedema.

OP017/#81 ENDOMETRIAL CANCER PROGNOSIS IN WOMEN WITH ENDOMETRIOSIS AND ADENOMYOSIS. A RETROSPECTIVE NATIONWIDE COHORT STUDY OF 40,847 WOMEN

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Objectives The effect of endometriosis/adenomyosis on the prognosis of its related endometrial cancer remains unclear. Therefore, we aim to compare endometrial cancer survival in women with or without histological proven endometriosis or adenomyosis.

Methods Women with endometrial cancer between 1990–2015 were identified from the Netherlands Cancer Registry (NCR). This data was linked to the Dutch pathology database (PALGA) to select all women with histological proven endometriosis or adenomyosis. Overall survival was compared between women with endometrial cancer with or without endometriosis/adenomyosis. We used multivariable Cox proportional hazard analysis to estimate hazard ratios (HRs) with 95% confidence intervals (CI).

Results We included 1,708 women with endometrial cancer and endometriosis/adenomyosis and 39,139 women without endometriosis/adenomyosis. Women in the endometriosis/adenomyosis cohort were younger at endometrial cancer diagnosis, had earlier disease stage and more often had endometrioid endometrial cancer with low grade tumors. The 5-year survival rate in the endometriosis/adenomyosis cohort was 84.8% (95%CI 84.6–88.1) and 71.6% (95%CI 71.1–72.0) in the control cohort, p<0.0005. Univariate analysis resulted in a crude HR for overall survival of 0.63 (95%CI 0.59–0.69).

Abstract OP017/#81 Table 1 Hazard rations of overall survival among women with endometrial cancer in univariate and multivariate analysis (n=35,549)

	Univariate analysis Hazard Ratio (95% CI)	Multivariate analysis Hazard Ratio (95% CI)
Endometriosis/adenomyosis	0.63 (0.59-0.69)[b]	0.98 (0.90-1.06)[c]
Age	1.09 (1.08-1.09)[b]	1.08 (1.08-1.08)[b]
Endometrial cancer stage[a]		
Stage 1	1.00 (ref)	1.00 (ref)
Stage 2	1.64 (1.56-1.72)[b]	1.40 (1.33-1.47)[b]
Stage 3	2.69 (2.57-2.81)[b]	2.31 (2.20-2.42)[b]
Stage 4	7.38 (6.98-7.80)[b]	4.23 (3.95-4.52)[b]
Histological tumor type[a]		
Endometrioid	1.00 (ref)	1.00 (ref)
Clear cell	2.12 (1.91-2.37)[b]	1.10 (0.98-1.23)[b]
Serous	3.13 (2.89-3.38)[b]	1.25 (1.14-1.36)[b]
Mucinous	1.28 (1.10-1.48)[b]	1.04 (0.90-1.21)[b]
Adenocarcinoma NOS	1.29 (1.25-1.33)[b]	1.20 (1.16-1.24)[b]
Histological grading[a]		
Low	1.00 (ref)	1.00 (ref)
Intermediate	1.48 (1.43-1.53)[b]	1.21 (1.17-1.25)[b]
High	2.65 (2.56-2.76)[b]	1.71 (1.64-1.78)[b]
Surgery	0.14 (0.13-0.15)[b]	0.39 (0.36-0.41)[b]
Chemotherapy	2.56 (2.39-2.75)[b]	1.22 (1.12-1.32)[b]

Only significant factors in univariate analysis are displayed.
NOS= not otherwise specified.
[a]p-value <0.0005 for categorical factor in univariable and multivariable analyses. [b]p-value <0.0005 p-value not statistically significant.

Significant confounding factors are reported in table 1. Correction for these confounders resulted in a HR of 0.98 (95% CI 0.90–1.06), p=0.867 (table 1).

Conclusions Women with endometrial cancer and histologically proven endometriosis/adenomyosis have a better overall survival when compared to women with endometrial cancer without endometriosis/adenomyosis. This better survival is correlated to stage, grade, age, and histology, but not to the presence of endometriosis/adenomyosis.

OP018/#414 PROGRESSION FREE SURVIVAL AND OVERALL SURVIVAL AFTER BRCA1/2-ASSOCIATED EPITHELIAL OVARIAN CANCER: A MATCHED COHORT STUDY

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Objectives BRCA1/2-associated epithelial ovarian cancer (EOC) has been associated with better progression-free survival (PFS) and overall survival (OS) than sporadic EOC. Higher sensitivity to chemotherapy may be an explanation, but data are scarce.

Methods We matched 512 BRCA1/2-associated EOC patients selected from the national Hereditary Breast and Ovarian Cancer Netherlands (HEBON) database to 512 sporadic EOC patients from the National Cancer Registry on year of birth, year of EOC diagnosis (range 1989–2015), and FIGO stage