Abstract EPV093b/#769 Figure 1

HR 0.96, 95%CI 0.82–1.1; bottom-panel) and non-endometrioid histology (subdistribution-HR 0.85, 95%CI 0.69–1.0) in propensity score weighted models. In low-risk endometrial cancer, the increase in recent SLN biopsy resulted in 15.3 percent point increase in the surgical nodal evaluation by 2018 (expected versus observed rates, 37.8% versus 53.1%).

Conclusions The landscape of surgical nodal evaluation is shifting from lymphadenectomy to SLN biopsy in early endometrial cancer. Effects of SLN biopsy-based surgical treatment on endometrial cancer survival warrants further confirmation.

EPV094/#103

MALIGNANT PERIVASCULAR EPITHELIOID TUMOR OF THE UTERUS ASSOCIATED WITH HYPERPROLACTINEMIA

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10.1136/ijgc-2021-IGCS.164

Objectives Malignant perivascular epithelioid tumors (PEComas) are rare mesenchymal tumors originating from perivascular epithelioid cells with specific histologic and immunologic features. Due to its rarity, lack of specific clinical findings, aggressive and unpredictable biologic behavior, this type of tumor is difficult to manage and there is no standard therapeutic strategy.

Methods A 34-year-old G1P1(1001) presented with a history of galactorrhea (elevated prolactin 313 ng/mL) and irregular menstruation. On work-up, cranial magnetic resonance imaging (MRI) revealed no mass on the pituitary gland, abdominopelvic MRI showed a large uterine mass. She was initially treated medically which offered no relief of symptoms. She was then diagnosed and managed as a case of ectopic prolactin secreting leiomyoma uteri. Myomectomy was performed and prolactin level decreased to normal level (6.3 ng/mL) and with resolution of symptoms. Histopathology revealed malignant PEComa. Prolactin increased when tumor recurred and she underwent re-exploration and tumor debulking. Specimen from first and second operation were compared and shared the same histomorphological features. Immunohistochemical stain for prolactin was performed because of the suspicion of ectopic prolactin secreting tumor but revealed a negative result. The patient was given 3 cycles of Doxorubicin.

Results Endocrine paraneoplastic syndrome is the production of hormonal substances that produce unique clinical syndromes, example is prolactin. Ectopic prolactin secretion is the production of hormone by a cell type that does not normally produce the hormonal substance or produces it normally at very low levels.

Conclusions The index case showed malignant PEComa of the uterus associated with hyperprolactinemia with negative immunohistochemical stain for prolactin.

EPV095/#104

EXAMINING THE RISK OF COLORECTAL CANCER IN PATIENTS WITH MLH-1 PROMOTER HYPERMETHYLATED ENDOMETRIAL CANCER

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10.1136/ijgc-2021-IGCS.165

Objectives DNA Microsatellite instability (MSI) due to hypermethylation of the MLH1 gene leading to deficient DNA mismatch repair (MMR) is a frequent finding in sporadic endometrial (EC) and colorectal cancers (CRC). Individuals with germline MMR mutations have an 80% lifetime risk of colorectal cancer (CRC) and follow strict cancer screening protocols. It is unclear if women found to have sporadic MSI high EC have an increased risk of colorectal malignancy. The objective of this study was to determine if there is an increased risk of CRC in patients with MLH-1 promoter hypermethylated EC as compared to patients with microsatellite stable (MSS) disease.

Methods We performed a retrospective cohort study of all cases of EC with known MMR status treated at Massachusetts General Hospital between 2013–2019. Patients with germline MMR mutations were excluded. ICD-9/10 codes from electronic medical records were used to determine the incidence