

p53-mutated ($p < 0.01$). MMRd vs LCN: OR 1.75 (95% CI 0.48–6.34, $p=0.39$) for LVSI and 1.70 (95% CI 0.43–6.75, $p=0.44$) for LNM.

Conclusions The rate of LVSI and LNM showed a significantly increasing trend from u-POLE to p53-mutated. Among the MMRd and LCN molecular subtypes with intermediate prognostic impact, where the classical prognostic parameter may have a role, MMRd patients had a higher, although not significant, risk of LVSI and LNM. The reduced number of patients, which is one of the limit of the study may explain the lack of significance. Larger studies are suggested.

EPV131/#545

LOWER UTERINE SEGMENT INVOLVEMENT IN HIGH-GRADE ENDOMETRIAL CARCINOMA IS NOT INDEPENDENTLY ASSOCIATED WITH ADVERSE ONCOLOGICAL OUTCOME

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Objectives To evaluate the association of lower uterine segment involvement (LUSI) in high-grade endometrial cancer (HGEC) with oncological outcome.

Methods We performed a retrospective multi-center cohort study of consecutive women with HGEC stages I-III who underwent surgery in nine gynecological oncology centers in Israel. Recurrence-free and overall survival were compared between both groups. Univariate, Kaplan-Meier survival and Cox proportional hazard model analyses were used.

Results Overall 432 women, 152 with and 280 without LUSI were followed for a median time of 35 months (interquartile range 17–71). Both groups were comparable in demographical and medical history characteristics. Cancer histological type did not differ between groups with uterine serous carcinomas and grade 3 composing 39.1% and 33.3% of the cohort. Carcinosarcoma and clear cell histology composed the rest. Women with LUSI had higher rates of \geq stage II disease (58.6% vs. 22.1%, $p < 0.001$) and lower rate of lymphovascular space invasion (LVSI) (66.4% vs. 79.3%, $p=0.003$). LUSI was associated with an Odds Ratio for disease recurrence of 1.7 (95% Confidence Interval 1.1–2.6). Univariate survival analysis underlined shorter median overall survival among LUSI women (28 months vs. 41, $p < 0.001$). Cox proportional hazards model adjusted for LVSI, age, disease stage and chemotherapy

demonstrated that LUSI was not independently associated with decreased OS.

Conclusions In women with HGEC, the presence of LUSI is not an independent poor prognostic factor.

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THE PROGNOSTIC IMPACT OF LOWER UTERINE SEGMENT INVOLVEMENT IN WOMEN WITH LOW-RISK ENDOMETRIAL CARCINOMA: A MULTICENTER STUDY

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Objectives To study whether lower uterine segment involvement (LUSI) correlates with oncological outcomes in women with stage IA endometrial carcinoma with low risk features.

Methods We performed a retrospective multi-center cohort study of consecutive women with stage IA EC, who underwent complete surgical staging in eight gynecologic oncology centers in Israel. We included only women with grade 1–2 endometrioid histology, with negative lymphovascular space invasion, and those who did not receive adjuvant therapy. Univariate analysis, Kaplan-Meier survival and Cox proportional hazard models analysis were used to compare survival outcomes between women with and without LUSI.

Results We identified 283 cases for analysis. LUSI was diagnosed in 25 (8.8%). Media follow up was 72 months (interquartile range 40–144). There were no significant differences between both groups with regard to the following parameters: age, medical history, duration of symptoms, tumor grade and time from diagnosis to surgery. Overall 5-year survival and 5-year progression free survival were similar between the groups (log rank test $p=0.993$, $p=0.244$, respectively). Recurrence rate did not differ between groups (0% in LUSI vs. 5.0% in No LUSI groups, $p=0.614$). In Cox regression model adjusting for age, comorbidities and tumor grade – LUSI was not associated with overall survival ($p=0.556$).

Conclusions In women with stage IA EC with low-risk features, the presence of LUSI does not correlate with oncological outcome. LUSI as a sole finding should probably not dictate a decision upon adjuvant management in this low-risk population.