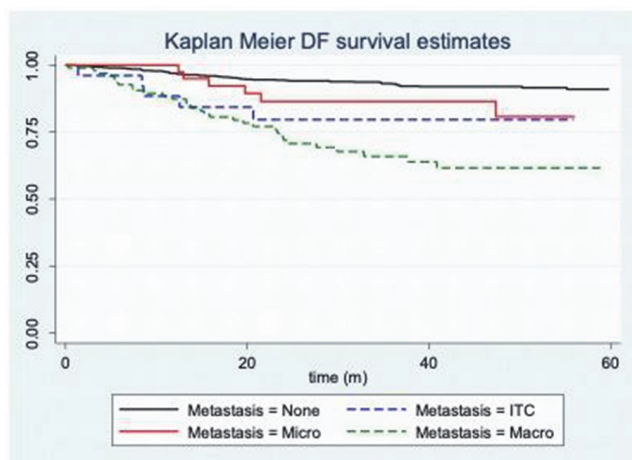
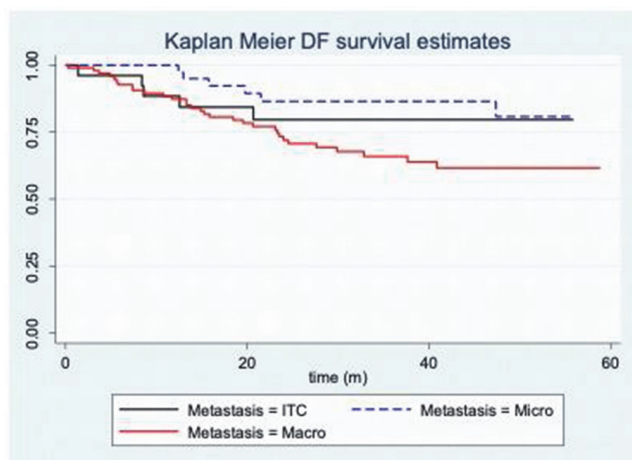


**Introduction/Background** We assessed the impact of low-volume metastasis (LVM) on disease-free survival (DFS) of women with apparent early-stage endometrial cancer (EC) that underwent sentinel lymph node (SLN) mapping.

**Methodology** Patients with preoperative diagnosis of EC were retrospectively collected from eight referring institutions.



Abstract 2022-RA-963-ESGO Figure 1



Abstract 2022-RA-963-ESGO Figure 2

Abstract 2022-RA-963-ESGO Table 1 Univariate and multivariate analysis of DFS

**Results** 1428 patients were included in this analysis. One hundred and eighty-six patients (13%) had lymph node involvement. Forty-eight percent of positive sentinel lymph nodes had macrometastasis (MAC), 31.3% micrometastasis (MM), and 20.5% isolated tumor cells (ITC). Fifty-seven percent of patients with positive lymph nodes didn't receive adjuvant

therapy. At a median follow-up of 23.7 months, 114 women recurred (8%). Recurrence rate was 28%, 12% and 19% in women with MAC, MM, and ITC, respectively. Patients with MAC in the SLN's had a worse prognosis in terms of disease-free survival (DFS) compared to patients with negative nodes or with LVM ( $P < .0001$ ). The type of nodal metastasis did not impact on DFS of patients (HR1.58;  $p = 0.094$ ). The multivariate analysis showed a difference in DFS when the negative subgroup of women was added to the model (HR 1.26;  $p = 0.014$ ).

**Conclusion** In our retrospective study we found that women with MAC have a worse disease DFS compared to women with negative nodes, while the patients with LVM might be considered at intermediate risk. The type of nodal metastasis in the SLN nodes seems to not significantly impact on the risk of recurrence. In the era of molecular profiling, ongoing studies will better clarify the value of SLN biopsy and the of performing a pelvic and/or aortic lymphadenectomy in early-stage EC.

2022-RA-967-ESGO

#### ENDOMETRIAL CANCER: AGREEMENT BETWEEN MICROSATELLITE INSTABILITY IN IMMUNOHISTOCHEMISTRY AND MOLECULAR BIOLOGY?

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**Introduction/Background** Endometrial carcinoma (EC) is the most common cancer of the female genital tract in developed countries. Microsatellite instability (MSI), that represents 30% of EC, is an important prognostic and predictive biomarker. This status is assessed by detection of loss of MMR genes' proteins by immunohistochemistry (IHC) or by molecular biology. We aimed to compare the agreement between MSI status in IHC and molecular biology.

**Methodology** Between January 2019 and December 2021, we conducted a monocentric retrospective study of 166 patients treated for EC (all stages) at the CHU of Liège. Sixty-seven patients were excluded. The remaining 99 patients had a complete IHC and molecular analysis for MSI. McNemar's test and a Kappa of Cohen coefficient were used to evaluate the agreement between the 2 methods.

**Results** The McNemar's test demonstrated 41.4% and 39.4% of MSI in IHC and molecular biology, respectively ( $p=0.81$ ). There were ten tumors with false-positive staining in IHC and MSS in molecular biology (specificity of 75.6%). Moreover, there were eight tumors with false-negative IHC but MSI-H in molecular analysis (sensitivity of 85.2%). The agreement between MSI in IHC and molecular analysis was 81/99 (81.8%) patients. The Kappa of Cohen coefficient was 0.62 (IC95%: 0.47–0.78), confirming the agreement between both techniques.

**Conclusion** The methods of testing MSI by IHC and molecular biology are clearly concordant. Presence of MSI in IHC can be considered as a reliable surrogate test for MSI molecular status. Moreover, IHC testing is quicker, easier to perform

and less expensive. Nevertheless, based on a 25% and 15% rate of false positivity and negativity respectively, consideration should be given to confirm MSI IHC status for all patients by molecular analyses.

### 2022-VA-979-ESGO TOTAL EXCISION OF INFRARENAL VENA CAVA IN A PATIENT WITH RECURRENT ENDOMETRIAL CANCER

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**Introduction/Background** Endometrial cancer is one of the common malignant tumors of the female reproductive system. The recurrence and 5-year overall survival rates of patients with FIGO I-II are 2–15 and 74–91%, respectively. Secondary cytoreductive surgery is associated with improved overall survival in patients with recurrent disease. This video aims to present metastasectomy along with the infrarenal vena cava in a patient with recurrent ovarian cancer.

**Methodology** A 68-year-old woman was admitted with a gross abdominal mass. She has been diagnosed with stage 1, grade 1 endometrial cancer, and underwent a primary staging surgery 2 years ago. The magnetic resonance imaging revealed a 43x39x49 mm abdominal mass involving vena cava inferior. Also, positron emission tomography scan showed a 45x47x50 mm metastatic lymph node extending to the aortocaval prevertebral area. Metastasectomy along with the infrarenal vena cava, resection of bulky paraaortic lymph nodes, partial resection of the duodenum, and duodenojejunostomy were performed as part of maximal secondary cytoreduction.

**Results** She stayed at the intensive care unit for one day and discharged without any grade 3 or 4 adverse event in post-operative period.

**Conclusion** Secondary cytoreduction for endometrial cancer with no residual disease is a major impact on survival, and maximal cytoreduction is necessary in selected cases. The management of this condition should be performed with expert multidisciplinary teams in gynecological oncology.

### 2022-RA-987-ESGO MOLECULAR CHARACTERIZATION OF ENDOMETRIAL CANCER WITH LOW VOLUME METASTASIS IN THE SENTINEL LYMPH NODE: A MULTICENTRIC INTERNATIONAL STUDY

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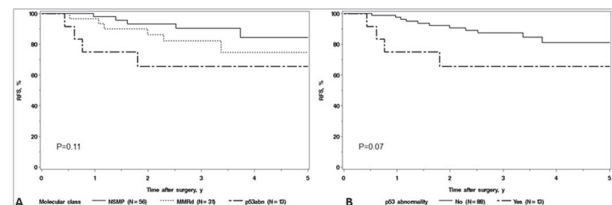
10.1136/ijgc-2022-ESGO.268

**Introduction/Background** The primary aims of this study were to assess the molecular characterization of endometrial cancer (EC) patients with low volume metastasis (LVM) in the sentinel lymph node (SLN) and to identify the molecular predictors of recurrence among those patients.

**Methodology** Patients with EC and LVM [isolated tumour cells (<0.2 mm) – micrometastasis ( $\geq 0.2 < 2$  mm)] who underwent surgery from August 2014 to November 2020 and had subsequent molecular characterization were identified among four referral centres worldwide. Patients with adnexal involvement and FIGO stage IV were excluded. The molecular analysis included immunohistochemistry for p53 and MMR proteins and Sanger sequencing for POLE exonuclease domain. ECs were classified into four molecular classes (POLEmut, MMRd, p53abn, and NSMP).

**Results** Among 101 patients, the molecular classification showed 56 NSMP, 31 MMRd, 13 p53Abn, and 1 POLEmut. Of 12 non-endometrioid cases, 11 were p53abn. Overall, 15 patients experienced a recurrence, and the median follow-up for the remaining patients was 3.1 (IQR, 2.0–3.8) years. The 3-year RFS was 90.4% (95% CI 95%, 81.8–99.9%), 82.1% (95% CI, 69.0–97.8%) and 65.6% (95% CI, 43.2%–99.7%), for the NSMP, MMRd, and p53Abn classes, respectively. No recurrence was observed in the POLEmut case. The overall RFS analysis between the three classes was comparable ( $p=0.11$ ), and the comparison between p53abn class and the other classes did not reach a significant difference ( $p=0.07$ ).

On univariate analysis, the presence of micrometastasis ( $p=0.02$ ), non-endometrioid histology ( $p=0.02$ ), lymphovascular space invasion ( $p=0.04$ ), and positive peritoneal cytology ( $p=0.005$ ) were significant predictors of recurrence.



**Abstract 2022-RA-987-ESGO Figure 1** (A) Recurrence-free survival according to molecular classes (NSMP, MMRd, p53abn). (B) Recurrence-free survival according to p53 status (p53abn vs. All other classes)

**Conclusion** Among EC patients SLN-LVM, there is a low rate of POLEmut tumours. Our results confirmed that traditional pathological features have a strong impact on prognosis among SLN-LVM patients. We did not observe significant impact of the molecular classes on the risk of recurrence, however further studies are needed.

### 2022-RA-988-ESGO CLINICAL OVER AND UNDER ESTIMATION IN PATIENTS WHO UNDERWENT HYSTERECTOMY FOR ATYPICAL ENDOMETRIAL HYPERPLASIA

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