Conclusion Molecular classification of stage IV EC patients revealed a different distribution compared to earlier stages EC. Novel and intriguing is that molecular classification revealed a different distribution compared to earlier stages EC. Lynch syndrome is an inherited condition increasing the likelihood of developing certain cancers. Routine testing for patients diagnosed with colorectal cancers has been recommended by NICE guidance since 2017. Poor, and in October 2020 this guidance was updated to recommend testing for patients diagnosed with colorectal cancer.

Methodology This is a retrospective, observational, single-center cohort study including patients with endometrial cancer FIGO IV stage disease undergoing primary cytoreductive surgery and recurrent endometrial cancer treated with secondary cytoreductive surgery between January 1999 and April 2022. Results 115 patients were included in the present study. In the 53 patients with primary FIGO IV disease complete macroscopic resection was achieved in 42/53 (79.2%) cases. Median OS in these patients was 35 months and median PFS was 15 months. Sixty-two patients had cytoreductive surgery for relapsed endometrial cancer and complete macroscopic resection was achieved in 42/55 (79.2%).

Consequence There was a clear improvement in performance of MMR testing after updated guidance but 100% was not reached. A patient was sent to the responsible pathologist for reflex testing of all endometrial cancer patients with MMR IHC abnormalities, preferably at diagnostic biopsy. For those patients with MMR deficiency on IHC who have not been referred for Germline testing for Lynch syndrome, a notification has been sent to the responsible gynaecologist. It was also noted that family history was not included on all histopathology request forms. As this is a significant factor risk stratification for Lynch syndrome, we would recommend this being included on requests for any endometrial samples.

Abstract 2022-RA-999-ESGO Table 1 Patient characteristics by molecular class

<table>
<thead>
<tr>
<th>Molecular class</th>
<th>Characteristics</th>
<th>No. of patients</th>
<th>OvPtotal</th>
<th>OvPMMR</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td>No. of patients</td>
<td></td>
<td>115</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, median [range]</td>
<td>68 (24-78)</td>
<td>69 (24-78)</td>
<td>30 (18-43)</td>
<td>30 (18-43)</td>
<td>0.28</td>
</tr>
<tr>
<td>R version</td>
<td>6.7±0.6</td>
<td>6.7±0.6</td>
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<td>0.81</td>
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Introduction/Background

Lynch syndrome is an inherited condition increasing the likelihood of developing certain cancers. Routine testing for patients diagnosed with colorectal cancers has been recommended by NICE guidance since February 2017 and in October 2020 this guidance was updated to recommend testing for patients diagnosed with colorectal cancer.

Methodology

This is a retrospective, observational, single-center cohort study including patients with endometrial cancer FIGO IV stage disease undergoing primary cytoreductive surgery and recurrent endometrial cancer treated with secondary cytoreductive surgery between January 1999 and April 2022.

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115 patients were included in the present study. In the 53 patients with primary FIGO IV disease complete macroscopic resection was achieved in 42/53 (79.2%) cases. Median OS in these patients was 35 months and median PFS was 15 months. Sixty-two patients had cytoreductive surgery for relapsed endometrial cancer and complete macroscopic resection was achieved in 42/55 (79.2%).

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2022-RA-1008-ESGO

THE IMPACT OF CYTOREDUCITIVE SURGERY IN FIGO IV AND RECURRENT ENDOMETRIAL CANCER

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Introduction/Background

The aim of the study was to assess the oncological outcomes of cytoreductive surgery in FIGO IV and recurrent endometrial cancer.

Methodology

This is a retrospective, observational, single-center cohort study including patients with endometrial cancer FIGO IV stage disease undergoing primary cytoreductive surgery and recurrent endometrial cancer treated with secondary cytoreductive surgery between January 1999 and April 2022.

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Abstract 2022-RA-1008-ESGO

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Conclusion

Molecular classification of stage IV EC patients revealed a different distribution compared to earlier stages EC. Novel and intriguing is that molecular classification revealed a different distribution compared to earlier stages EC.