isolated and diffuse lymphovascular space invasion [(LVSI) OR 2.51, 95%CI 1.59–3.97; OR 3.27, 95%CI 2.16–4.94; p<0.001, respectively), cervical stromal invasion [(CSI) OR 4.26, 95%CI 3.00–6.05; p<0.001], and instable mismatch repair (iMMR) phenotype (OR 1.96, 95%CI 1.24–3.08; p=0.004) found as independent predictors (Table). Remarkably, adnexal involvement in EC further revealed an independent negative predictive factor of RFS (HR 3.20, 95%CI 1.66–6.18; p=0.001), whilst only a suggestive negative role emerged on OS (HR 1.73, 95%CI 0.93–3.24; p=0.086). Consistently, 5-years RFS and OS were shorter among women with adnexal involvement compared with those without (63.3 vs. 87.5%, and 68.6 vs. 92.9%, p<0.001, respectively).

Conclusion Main predictors of adnexal involvement in EC are iMMR phenotype, MI, isolated and diffuse LVSI, and CSI. Although adnexal involvement incidence is low, this may be associated with higher recurrence risk.

2022-RA-1357-ESGO FACTORS ASSOCIATED WITH AN INCREASED RISK OF RECURRENCE IN ENDOMETRIAL CANCER PATIENTS: A RETROSPECTIVE COHORT STUDY

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Introduction/Background The aim of this study was to identify clinical and pathologic factors associated with the risk of recurrence in patients with endometrial cancer (EC).

Methodology We included patients who underwent surgery for EC in our institution between 2007 and 2019. Data on demographic characteristics, surgery and pathology reports, adjuvant treatment and follow-up was collected from electronic patient files. Patients were divided into two groups: recurrence and no recurrence. Clinical and pathologic factors were compared using Student T-test, Chi-square or Fisher's exact test. Univariate and multivariate Cox-proportional hazard models were used to assess the impact of the evaluated factors on the risk of recurrence.

Results In total 286 patients were included in the analysis. In a mean follow-up time of 59 months, EC recurrence was diagnosed in 60 (20.9%) patients, 75% of which were diagnosed in the first 24 months after surgery. Compared to patients with no recurrence, patients with recurrent EC had more frequently type II (56.7%vs.25.2%), high-grade (61.7% vs.32.7%), stage III-IV tumors (35%vs.17.3%), tumor>2 cm (95%vs.78.8%), myometrial infiltration>50% (48.3%vs.29.2%) and lympho-vascular space invasion (LVSI; 60.9%vs.25.8%). Lymphadenectomy had been indicated more often in patients with recurrent EC (71.7%vs.44.2%), however, there was no association between performance of lymphadenectomy and EC recurrence. In univariate survival analysis, risk of recurrence was higher in patients with type II (HR:4.12;*p<0.001*), high-grade tumors (HR:3.06;*p<0.001*), tumor>2 cm (HR:4.93; *p=0.007*), myometrial infiltration>50% (HR:2.43;*p=0.001*), cervix infiltration (HR:2.29;*p<0.001*), adnexal tumor (HR:1.97;*p=0.031*), LVSI (HR:4.39,*p=0.001*) and stage IV (HR:6.85;*p<0.001*). In multivariate analysis, only LVSI remained significantly associated with an increased risk of recurrence (HR:5.36;*p=0.017*).

Conclusion LVSI is an independent risk factor for EC recurrence, while performing lymphadenectomy had no impact on the risk of recurrence. Identifying patients with a higher risk of EC recurrence is important in order to concentrate follow-up efforts on patients who can benefit the most from it.

2022-RA-1364-ESGO IMPLEMENTATION OF MOLECULAR CLASSIFICATION IN ENDOMETRIAL CANCER AND ITS IMPACT ON INDICATION OF ADJUVANT THERAPY

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Introduction/Background Adjuvant treatment in endometrial carcinoma was based on classical risk stratification which included clinicopathological data. Molecular classification has been recently incorporated into risk stratification by ESGO guidelines. The aim of this study is to describe the distribution of molecular groups in our population and to evaluate its impact on indication of adjuvant treatment.

Methodology Retrospective cohort study including all newly endometrial cancer cases diagnosed between January 2021 and April 2022 with available molecular data. Immunochemistry for TP53 and MMR proteins and Sanger sequencing for POLE mutations were done on diagnostic biopsy tissue. Risk stratification and indication of adjuvant therapy followed new histomolecular groups.

Results 66 cases were included. Table 1 shows clinicopathological data.

Abstract 2022-RA-1364-ESGO Table 1 Clinicopathological data

Hystotype	N	%
Endometrioid	49	74.2
Serous carcinoma	8	12.1
Clear-cell	1	1.5
Carcinosarcoma	6	9.1
Undifferenciated	2	3
Grade		
G1	21	31.8
G2	21	31.8
G3	24	36.4
FIGO stage		
I	51	77.3
II	4	6.1
III	4	6.1
IV	4	6.1