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GRADE 3 ENDOMETRIOID ENDOMETRIAL ADENOCARCINOMAS- MANAGEMENT AND OUTCOME ANALYSIS: A SIX YEAR REVIEW

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Introduction/Background Although grade 1 and 2 endometrioid endometrial carcinomas commonly present at early stage, are hormone dependent and have a favourable clinical course, grade 3 endometrioid cancers (G3EC) are a more mixed entity and have a less favourable prognosis.

Methodology Retrospective study conducted at Rajiv Gandhi Cancer Institute from January 2010 to December 2016.using electronic medical records, clinicopathological factors and survival outcome analysed.Recurrence free survival (RFS) and Overall survival (OS) was calculated. Independent prognostic variables were identified using multivariate analysis.

Results A total of 52 women with G3EC met the inclusion criteria. Median age at presentation was 62 years. Median BMI was 29.7 kg/m2. Bleeding per vaginum was the most common presenting symptom, for 38 (76.9%) patients. A complete surgical staging with total or radical hysterectomy and bilateral salpingo-oophorectomy with pelvic lymph node dissection and omentectomy, with or without RPLNS was done in 45 (86.5%) patients. Majority of patients in both the groups presented in Stage I, i.e. 37 patients(71.1%). Pelvic Lymph node dissection was performed in 48 (92.3%) patients amongst which 8 (16.7%) were positive. Para aortic lymph node dissection was performed in 24 (46.1%) cases. 37 out of 52 (71.1%) received one or more modalities of adjuvant treatment. A total of 24 (47%) patients had recurrence. Mean RFS was 67 months (95% CI 53.8- 80.2). The 3 and 5 year OS was 59.6% and 53.8%. On multivariate analysis, advanced stage at presentation (stage III and IV) (p=0.01) and myometrial invasion more than 50% (p=0.033) were found to be independent unfavourable prognostic factors

Conclusion Grade 3 endometrioid endometrial cancers are a heterogenous entity with aggressive nature, but complete surgical staging and adjuvant therapy confer a good survival.

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MOLECULAR PROFILE IN ENDOMETRIAL CARCINOMA: CAN WE PREDICT THE LYMPH NODE STATUS?

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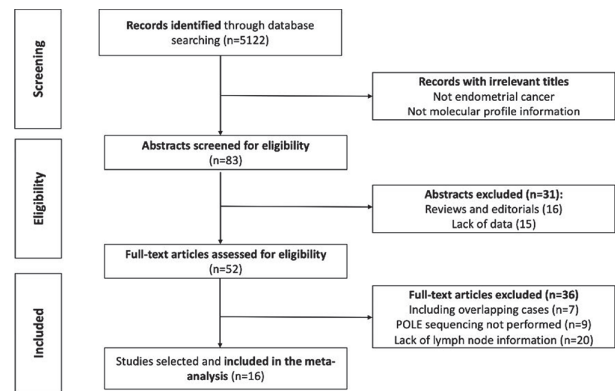
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Introduction/Background The lymph node status (LNS) according to molecular classification (MC) in endometrial cancer is heterogenous and underreported. Thus, the role of MC to tailor pre-operatively surgical treatment remains unclear. We aimed to analyze LN metastasis (LNM) and histopathological features of the four MC groups.

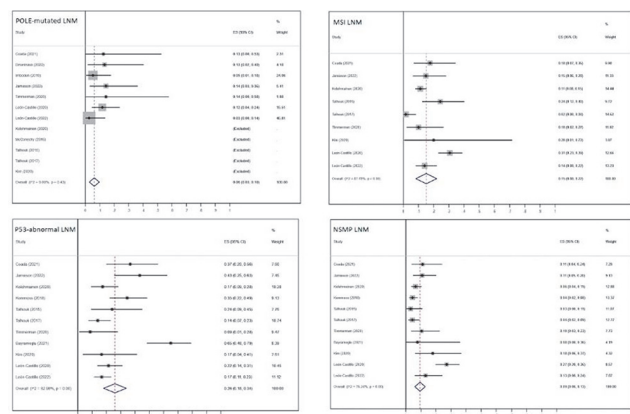
Methodology Original articles including LN status according to MC with Leuven algorithm following the recommendations of ESGO-ESTRO-ESP guidelines were included in this systematic review and meta-analysis. Articles reporting MC following ProMise algorithm were excluded, except those in which

information about tumors encompassing more than one mutation was available. Number of cases were extracted to calculate proportion and their 95%CI. Summary proportion estimates were obtained using Dersimonian-Lair random-effects meta-analysis. Statistical heterogeneity was assessed through Cochran's Q-test and I² statistic.

Results 5122 records were identified by combining 'EC', 'MC', 'TCGA', 'p53', 'POLE', 'MSI', 'NSMP'. 16 studies with 4294 patients were included (figure 1): 260 (6.9%) POLE-mutated, 831 (31.9%) MSI, 795 (25.2%) p53-abnormal and 1127 (35.7%) non-specific-molecular-profile (NSMP). LN involvement was present in 6% of POLE-mut (I²=0%), 15% of MSI (I²=87%), 26% of p53-abnormal (I²=82.9%), and 9% of NSMP (I²=76.2%). Five articles reported 0% of LNM in POLE-mutated and had been excluded of the pooled-prevalence-calculation due to statistic incongruency. Grade3 tumors were found in 42% of POLE-mut (I²=80.6%), 32% of MSI (I²=95.6%), 66% of P53-abnormal (I²=99.4%), and 11% of NSMP (I²=80.1%). Lymphovascular-invasion was present in 33% of POLE-mutated (I²=84.2%), 40% of MSI (I²=89.7%), 48% of p53-abnormal (I²=91%), and 27% of NSMP (I²=94%). Deep myometrial invasion was present in 31% (I²=0%) of POLE-mutated, 32% of MSI (I²=77.4%), 37% of p53-abnormal (I²=93.7%), and 27% of NSMP (I²=93.2%).



Abstract 2022-RA-1569-ESGO Figure 1



Abstract 2022-RA-1569-ESGO Figure 2

Conclusion P53-abnormal presented the highest LNM rate, followed by MSI tumors, in contrast to POLE-mutated and NSMP cohort.