Conclusion MLH1 promoter methylation analysis would play a valuable role as a clinical biomarker.

**2022-RA-818-ESGO** BIUXX

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**Introduction/Background** We found cyclin B1 immunohistochemistry (IHC) expression is different between polymerase epsilon exonuclease (POLE) and copy number low (CN-low) subtype in endometrial cancer. The objective is to examine whether POLE can be distinguished from CN-low subtype using clinicopathologic factors and cyclin B1 IHC.

**Methodology** For 240 patients with endometrial cancer who underwent hysterectomy at Seoul National University Bundang Hospital from 2006 to 2013, POLE gene sequencing and IHC for hMLH1, hMSH2, hMSH6, PMS2 and p53 were performed. For 155 patients with POLE or CN-low subtype, clinicopathologic factors were abstracted from medical record, and cyclin B1 IHC was performed using primary monoclonal antibody (RBT-B1, 1:50; LSBio, Seattle, WA, USA). Cyclin B1 expression level (cyclin B1 score) was determined by intensity of staining. Decision tree classifiers encompassing clinicopathologic factors and cyclin B1 IHC were constructed using accuracy from 5-fold cross-validation. Hyperparameters (max_depth, min_samples_leaf) were tuned using GridSearch.

**Results** 24 with POLE and 131 with CN-low were included. Median age was 56 and median weight was 61.6kg. Number of patients with stage 3, 4 were 14 and those with LVI were 41. In the final model, weight (cutoff 54.3kg) and cyclin B1 IHC (cutoff score 1.5) were selected. With the POLE subtype, the mean validation accuracy were 84%. The model divided the whole cohort into 3 groups. Of 25 patients with weight ≤ 54.3 kg (group 1), 10 patients with POLE subtype were included (40%); Of 51 patients with weight > 54.3 kg and cyclin B1 score > 1.5 (group 2), 8 patients with POLE subtype were included (16%); Of 48 patients with weight > 54.3 kg and cyclin B1 score ≤ 1.5 (group 3), 1 patients with POLE subtype were included (2%).

**Conclusion** POLE vs. CN-low cannot be distinguished but can be enriched using clinicopathologic factors and cyclin B1 IHC.

**2022-RA-902-ESGO** NOVEL METHYLATED GENES AS A SECOND TRIAGE STEP AFTER HRHPV TESTING TO IMPROVE COLPOSCOPY REFERRAL IN HPV INFECTED WOMEN WITH CERVICAL LESIONS (CANCER)

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**Introduction/Background** High-risk human papillomavirus (hrHPV) testing to triage women with abnormal cervical lesions (cancer) generates many referrals. hrHPV infection and excessive colposcopy referrals may lead to panic in patient and bring waste of medical resources.

**Methodology** From 2019 to 2022, a prospective study of outpatient opportunistic cervical cancer screening was conducted with multiple centers. More than 20,000 subjects were collected and be follow-up for one year. The research team of Peking Union Medical College Hospital is responsible for preliminatory experiment, clinical study planning, and process quality control. The analysis of methylation level was determined by using the CisCer methylation real-time system (CISPOLY Co., China). Positive rate, sensitivity, specificity, accuracy for cytology, hrHPV, and the methylation level of PAX1 and JAM3 genes were analyzed.

**Results** A system set-up study in 2210 hrHPV infection subjects including normal uterine cervix (n=1230), CIN1 (n=514), CIN2(n=69), CIN3/CIS(n=194), SCC (n=50), and adenocarcinoma (n=6) of the uterine cervix diagnosed according to histological results. The CIN2, CIN3, and Cancer immediate risk with HPV 16/18 (n=810) and non-16/18 hrHPV (n=1400) were 33.83%, 20.99%, 6.17% and 13.71%, 5.71%, 0.43% respectively. The sensitivity and specificity of CisCer