armamentarium of gynec-oncologist. Learning curve can be shortened with constant self auditing of the surgeon and team with each surgeries performed, reviewing the steps and by improvising techniques

**ENDOMETRIAL CANCER: AGREEMENT BETWEEN P53 IMMUNOHISTOCHEMISTRY AND TP53 MUTATIONAL ANALYSIS?**

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**Objectives** Endometrial carcinoma (EC) is the most common cancer of the female genital tract in developed countries. TP53 mutation is the most significant predictive biomarker for poor prognosis in EC patients. In immunohistochemistry (IHC), overexpression and complete absence of p53 protein are interpreted as mutation-type. We aimed to compare the agreement between the results of p53 in IHC and TP53 mutational analysis.

**Methods** 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-two patients were excluded. The remaining 104 patients had both p53 IHC and mutational analysis. McNemar’s test and Kappa of Cohen coefficient were used to evaluate the agreement between the 2 methods.

**Results** The McNemar’s test demonstrated 28.9% and 23.1% of p53 mutation-type in IHC and mutational analysis, respectively (p=0.16). There were twelve tumours with false-positive staining p53 IHC and no TP53 mutation detected (specificity of 75.0%). Moreover, there were six tumours with false-negative IHC but TP53 mutation detected (sensitivity of 85.0%). The agreement between p53 IHC and TP53 mutation analysis was 86/104 (82.7%) patients. The Kappa of Cohen coefficient was 0.55 (IC95%: 0.37–0.73), confirming the similarity between both techniques.

**Conclusions** Abnormal expression of p53 in IHC can be considered as a reliable surrogate test for TP53 mutation. Moreover, p53 IHC is quicker, easier to perform and less expensive. Nevertheless, based on a 25% rate of false positivity, consideration should be given to confirm TP53 status for all patients with abnormal p53 IHC.

**THE STATUS OF MMR PROTEIN AND PDL-1 EXPRESSION IN PATIENTS WITH ENDOMETRIAL CANCERS**

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**Objectives** Mismatch repair (MMR)-deficient endometrial carcinomas (ECs) are highly immunogenic and may represent excellent candidates for therapies targeting the programmed cell death (PD)/programmed cell death ligand-1 (PD-L1) immune checkpoint pathway. Aim- To evaluate the Status of MMR proteins and PD-L1 expression in patients with EC.

**Methods** Prospective observational study of 80 patients diagnosed with endometrial cancers between September 2019- September 2021 at tertiary cancer centre. Evaluation of Mismatch repair proteins (MMR) was done using IHC (MLH1, PMS2, MSH2, MSH6) and PDL1 analysis was done using clone SP263 on Ventana platform on endometrial curettings.

**Results** Our study showed MMR deficiency rate was 32.5%. Loss of MLH1 and PMS2 was frequently seen (73.1%). MMR deficient was seen among 63.6% mixed ECs, 33% Endometroid ECs, 25% serous ECs, 20% MMMT ECs and among clear cell ECs no loss of MMR proteins were seen. Expression patterns of PD-L1 tumor proportion score (TPS) and immune cell score (IC) did not show any significant association with MMR proficient or deficient cases. However, combined positive score (CPS) of >1 was associated with 50% of MMR deficient EC cases with p = 0.05. PD-L1 expression CPS >1 was detected in 57.1%, 37.5%, 34.6% and 16.7% of Mxeg ECs, MMMT, ECs and clear cell ECs respectively. There was no PD-L1 expression detected in serous ECs.

**Conclusions** MMR status may be biomarker for response to PD-1/PD-L1 immunotherapy in EC. PD-L1 expression may predict the response to anti-PD-1/PD-L1 monoclonal antibodies. Expression of PD-L1 varies between different subhistotypes and grades. Prospective studies are in need to further evaluate the predictive value of PDL1expression.