the histological type (p=0.036), tumor grade (p=0.009), depth of myometrial invasion (p=0.018), serous invasion (p=0.003), cervical invasion (p=0.013), lymphovascular space invasion (LVI) (<0.0001) and tumor necrosis (<0.0001). On multivariate analysis, independent factors of LN metastasis were the presence of LVS (OR=0.312, 95%CI=0.012-0.533, p=0.041), tumor necrosis (OR=0.431, 95%CI=0.111-0.668, p=0.041) and serous invasion (OR=0.264, 95%CI=0.028-0.690, p=0.034).

Conclusions LN metastasis represent an independent prognostic factor for survival, a nomogram based on histological and clinical characteristics could lead to a better detection of patients with high risk of LN metastasis

**EP161/#735** THE ACCURACY OF MAGNETIC RESONANCE IMAGING FOR PRE-OPERATIVE ASSESSMENT OF MYOMETRIAL AND CERVICAL INVASION AND LYMPH NODE STATUS IN ENDOMETRIAL CARCINOMA

1. Ines Zemni, 2Hamza Ben Yahia, 3Ines Zidili, 4Safia Yahyaoui, 5Nadia Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni*, 2Wafa Babay, 2Sabrine Dhouioui, 1Nadia Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni, 2Wafa Babay, 2Sabrine Dhouioui, 1Karima Mrad, 4Safia Yahyaoui, 2Ines Zidi. 1Nadia Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni*, 2Wafa Babay, 2Sabrine Dhouioui, 1Karima Mrad, 4Safia Yahyaoui, 2Ines Zidi.

**Objective** To evaluate the accuracy of preoperative magnetic resonance imaging (MRI) to detect cervical extension, depth of myometrial invasion, and lymph node involvement in patients with endometrial cancer.

**Methods** We retrospectively reviewed 50 cases of women with endometrial cancer, who underwent preoperative MRI assessment and surgical staging over a period of 2 years (2019-2021). The MRI findings were then compared with the postoperative histopathological findings that served as reference standards.

**Results** The sensitivity, specificity, positive (PPV) and negative predictive values (NPV) of MRI for differentiation between deep myometrial invasion and superficial myometrial invasion were 100%, 83.33%, 72.22%, and 100% respectively. The sensitivity, specificity, PPV and NPV were 17.39%, 85.19%, 50% and 54.75% for cervical invasion and 72.73%, 60.61%, 38.1 and 86.96% for lymph node metastasis, respectively. There was a significant correlation between pretreatment FIGO-MRI staging and FIGO-histological staging (p<0.0001).

**Conclusions** Pre-operative MRI has the advantage of making the pretreatment information about myometrium invasion and lymph node status allowing planning for the scale of surgery and preoperative counseling.

**EP163/#1029** EXPRESSION OF HUMAN LEUCOCYTE ANTIGEN G (HLA-G) IS ASSOCIATED WITH DEEP MYOMETRIAL INVASION AND WORSE SURVIVAL IN ENDOMETRIAL CARCINOMA

1. Nada Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni*, 2Wafa Babay, 2Sabrine Dhouioui, 1Nadia Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni*, 2Wafa Babay, 2Sabrine Dhouioui, 1Karima Mrad, 4Safia Yahyaoui, 2Ines Zidi. 1Nadia Boujelbene, 2Hamza Ben Yahia, 3Ines Zemni, 2Wafa Babay, 2Sabrine Dhouioui, 1Karima Mrad, 4Safia Yahyaoui, 2Ines Zidi.

**Objective** Human leukocyte antigen G (HLA-G) is a non-classical class I molecule that regulates many immune functions. This molecule has been proposed to be involved in tumor escape mechanisms. We aimed to investigate immunohistochemical expression of HLA-G molecules in endometrial carcinoma (EC) and its association with myometrial invasion and overall survival rate.

**Methods** Immunohistochemical analysis using the 4H84 antibody was performed on a total of 31 patients with EC. Tumor cells that exhibited granular cytoplasmic brown staining were considered to be positive. The association between HLA-G status and myometrial invasion was analyzed using Chi-square test. The survival analysis was evaluated by Kaplan-Meier method.

**Results** Immunohistochemical analysis of EC revealed HLA-G protein immunoreactivity in 38.7% (12/31) of specimens. We identify 58% (18/31) of patients with more than 50% myometrial invasion. Statistically significant association was found between HLA-G expression and depth of myometrial invasion (p=0.02). Patients with HLA-G positive tumors had a shorter survival time than those patients with tumors that were HLA-
G negative (mean survival = 48 and 84 months, respectively) with significance trend (log-rank p=0.09).

Conclusions Our preliminary data suggest that HLA-G expression in EC may be potentially predictive of extrauterine metastases which are more observed in patients with more than 50% myometrial invasion. Likewise, this expression should be considered as prognostic indicator. This parameter should be evaluated to ensure better management of these patients.

Objectives To follow the BMI change during the routine surveillance of endometrial cancer patients with its effect on the oncological outcome.

Methods Data on patients with endometrial adenocarcinoma that had staging procedure and continued oncologic follow up was retrospectively collected. BMI at time of surgery and during the last clinic follow-up were compared. Univariate and multivariate analysis were performed to examine the effect of predictors on BMI change and the chance of recurrence.

Results 211 patients met the inclusion criteria. The majority of patients had stage I disease (n=176, 83%) and endometroid histology (n=178, 84%), Median follow-up time was 52.5 (SD 40) months. The mean BMI was 30.6 (IQR 25–34) kg/m2 at surgery compared to 31.2 (IQR 26–36) kg/m2 at last follow up (p=0.001). The BMI change in patients with non-endometroid histology was not significant. The BMI increase was most pronounced in patients with endometroid histology that were diagnosed with recurrence during follow up, 30.6 (IQR 24–35) kg/m2 at surgery compared to 32.7 (IQR 27–36) kg/m2 at last follow up (p=0.016). On multivariate analysis, age OR 1.07 (1.001–1.141), p=0.04 and Delta BMI OR 1.37 (1.123–1.68), p=0.002 were the only predictors to have an effect on recurrence.

Conclusions Patients with endometroid endometrial cancer that increased their weight during follow up were at an increased risk for cancer recurrence compared to patients that did not change or decreased their weight. Active lifestyle intervention should be advocated.

Objective We aim to study the impact of the diagnosis of the PABC on the pregnancy outcome and to report the characteristics of the management of breast cancer during the pregnancy.

Methods It is a retrospective study. We included all patients diagnosed, at our institution, during a 10-year period (2011-2020), with PABC defined as breast cancer diagnosed during pregnancy or in the first postpartum year. We collected the data regarding the epidemiological, clinical, imaging, pathological, obstetrical, and oncological management strategies and outcomes.

Results PABC was confirmed in 33 patients. The average age at the diagnosis was 35.58 years [23–47]. The average term of pregnancy at the time of PABC diagnosis was 19.35 weeks of amenorrhea (WA) [6–38]. The mean tumor size was 48 mm [10–130], and 21.21% had more than one lump. Axillary lymph nodes were present in 46.9%. The most common histological type is invasive ductal carcinoma no specific type (IDC-NST) (75.8%). The luminal B (53.1%) and the triple-negative (28.1%) were the two most expressed profiles. The pregnancy was terminated in 44.6%, and the average term of delivery was 36 WA [26–39]. We report a case of stillbirth prior to any therapy. The mean weight of newborns was 3045g [870–3880] and no malformation was reported after chemotherapy. Five patients started chemotherapy during pregnancy. Breast surgery was performed after the delivery in 90.9% (66.6% mastectomy).

Conclusions PABC is a particular entity among breast cancer that needs a multidisciplinary team to ensure the best outcome for both the patient and the pregnancy.