however current lymph node (LND) algorithms do not account for molecular subtyping. The objective of this study was to evaluate the association of microsatellite instability (MSI) and lymph node metastases (LNM).

**Methods** This was a retrospective cohort study of patients undergoing surgery for EC between 2010–2021. All EC patients at our institution undergo immunohistochemistry testing for mismatch repair (MMR) proteins and next generation sequencing (NGS) per clinician discretion. Sarcomas were excluded. Mutations were classified as microsatellite instability high (MSI-H) or MMR proficient (MMRp).

**Results** 367 patients were included. Of these, 273 were MMRp and 94 were MSI-H. An average of 6.1 LND were removed and there was no difference in the average LND removed between groups (p = 0.91). LNM were identified in 8% (n=31) of the entire cohort. There was a statistically significant difference in the average LND between MMRp and MSI-H patients (p=0.0001), with 1% (n=2) of the MMRp cohort and 30% (n=28) of the MSI-H cohort having LNM. Within the MSI-H cohort, all LNM occurred within the MMR deficient, MLH1 hypermethylated subgroup – representing a LNM rate of 41%.

**Conclusions** There is a significant association between MSI status and LNM. Molecular classification, which is obtainable from preoperative biopsy, may be used to guide intraoperative decision making and should be evaluated in the context of sentinel LND protocols.