E-poster viewing: Endometrial/uterine corpus cancers

**EP096/#271**  
CELL CYCLE REGULATORY MARKER AS A POTENTIAL PROGNOSTIC BIOMARKER IN UTERINE CARCINOSARCOMA

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Objectives The relevance of cell cycle regulatory markers with uterine carcinosarcoma was investigated.

Methods The immunohistochemical expression of p16, p53, and cyclin D1 were assessed using tissue microarray of 55 eligible patients.

Results p16 and p53 showed a high rate of strong (≥3) immune reaction in carcinomatous/sarcomatous components (61.8%/70.9% and 52.7%/56.4%, respectively). Cyclin D1 showed a 14.5%/7.3% of strong immune reaction in the carcinomatous/sarcomatous components. Strong expression of p16 was related to a higher rate of lymph node metastasis and a bigger tumor size. Strong expression of cyclin D1 was related to the lower International Federation of Gynecology and Obstetrics (FIGO) stage. In univariate regression analysis, FIGO stage, lymph node metastasis, p16, and cyclin D1 were prognostic factors for disease-free survival. FIGO stage, p16, p53, and cyclin D1 were prognostic factors for overall survival. In a multivariate regression analysis, FIGO stage and p16 in carcinomatous component were independent factors for both disease-free survival (odds ratio [OR], 95% confidence interval [CI]; 3.5 [1.2–10.3] and 3.5 [1.3–9.9]; P = 0.026 and 0.016) and overall survival (OR, 95% CI; 2.3 [1.0–5.1] and 2.9 [1.1–7.8]; P = 0.042 and 0.037).

Conclusions p16 was a predictor of lymph node metastasis, tumor size, and prognostic outcome in uterine carcinosarcoma.

**EP097/#652**  
SENTINEL NODE MAPPING DECREASES THE PREVALENCE OF ISOLATED POSITIVE PARA-AORTIC LYMPH NODE IN ENDOMETRIAL CANCER

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Objectives Isolated positive para-aortic lymph node (PALN) in endometrial cancer is an uncommon event. Our aim was to evaluate the impact of sentinel lymph node (SLN) mapping in the context of isolated positive PALN.

Methods We retrospectively evaluated a series of 426 patients submitted to SLN mapping from January 2013 to December 2021 (Group A) compared to a historical series of 210 cases submitted to systematic pelvic and para-aortic lymphadenectomy from June 2007 to April 2015 (Group B) in AC Camargo Cancer Center. Isolated PALN recurrence was considered as positive.

Results For Group A, 234 (54.9%) cases had blue dye and 192 (45.1%) ICG. The overall and bilateral detection rate was 90.4% and 80.8%, respectively. SLN only and SLN + pelvic ± para-aortic lymphadenectomy was performed in 258 (60.6%) and 168 (39.4%) of cases, respectively. Fifty-two (12.2%) patients had positive SLN, recording a sensitivity, NPV and FNPV of 92.9%, 98.9% and 1.1%, respectively. Moreover, 35 (16.7%) patients had positive LN in Group B. In Groups A and B, pelvic positive LN were noted in 55 (12.9%) and 28 (13.3%) cases (p=0.82), and positive PALN in 12 (2.8%) and 18 (8.6%) cases (p=0.001), respectively. Of the cases with bilateral SLN mapping, we found 2 cases (0.47%) with isolated positive PALN. Conversely, 7 (3.8%) cases of isolated positive PALN were noted in Group B (p=0.007).

Conclusions SLN protocol can accurately predict LN status. Moreover, isolated PALN involvement after bilateral SLN detection is a rare event and even lower compared to systematic lymphadenectomy.

**EP098/#769**  
ENDOMETRIAL CANCER: ASSESSMENT OF INCIDENCE, STAGING AND SURVIVAL IN A UNIVERSITY HOSPITAL

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Objectives The objective was to evaluate the histology, age, staging and survival of women with endometrial cancer treated at a university hospital.

Methods Evaluation of medical records of women with endometrial cancer, followed at a University Hospital in Brazil, from Jan/2018 to Dec/2021. The variables evaluated: age/histological type/staging/recurrence.

Results 58 women between 42 and 79 years (mean of 62.8 years) were treated. The most common histological type was endometrioid adenocarcinoma with 50 cases (86.2%), degree of differentiation: G1: One case (1.7%); G2: 25 cases (43.1%) and G3: 24 cases (41.3%). The second most common histological type was carcinosarcoma with four cases (6.9%), followed by serous adenocarcinoma with two cases (3.4%) and clear cell adenocarcinoma with two cases (3.4%). 17 patients (43.1%) and G3: 24 cases (41.3%). The second most common histological type was carcinosarcoma with four cases (6.9%), followed by serous adenocarcinoma with two cases (3.4%) and clear cell adenocarcinoma with two cases (3.4%). 17 patients (29.3%) were in stage IA, 17 (29.3%) stage Ib, six patients (10.3%) stage II. Three patients (5.2%) in stage IIIB, three (5.2%) stage IIIC, and six patients (10.3%) stage IIIC1. In stage IV, one patient (1.7%) in the IVA and three (5.2%) in the IVB. Recurrence occurred in 9 patients (15.5%), four endometrioid adenocarcinoma G3, two serous subtypes and two carcinosarcomas. There were five deaths (two due to postoperative complications and three not related to the disease). To date, 41 patients have no evidence of disease and three have lost follow-up.

Conclusions The mean age was 62.8 years. 58.6% of the neoplasms were in early stages (I). The survival rate was 91.3%. The results are compatible with the current literature.