on review all had only epithelial component, one NSMP tumors was CHEC pattern endometrioid EC (EEC), MMRd tumor was a grade 1 EEC and the POLEmut tumor was grade 3 EEC with spindle cell growth.

**Conclusions** In this series, all pathology confirmed endometrial carcinosarcomas were p53abn; the finding of any other molecular subtype warrants pathology review. Endometrioid carcinoma with corded and hyalinized growth pattern, de-differentiated/undifferentiated carcinoma and sarcomatous overgrowth of adenosarcoma can all mimic carcinosarcoma.


**Objectives** Optimal management of stage IA p53abn and/or high-grade non-endometrioid endometrial cancer (EC) without myometrial invasion is unclear, classified as intermediate risk in new 2020 ESGO-ESTRO-ESP guidelines. Current practice varies from surgery alone to adjuvant vault brachytherapy (VB)±chemotherapy. Our aim was to assess the risk of disease recurrence within three subcategories of stage IA ECs without myoinvasion compared to IA with myoinvasion(<50%).

**Methods** Stage IA p53abn and high-grade non-endometrioid ECs of other molecular subtypes were identified from a retrospective EC cohort (2005–2016). Cases were segregated into IA with no myoinvasion, including i) tumor restricted to a polyp, ii) tumor confined to the endometrium, and iii) no residual tumor, vs. stage IA with myoinvasion(<50%), with treatment and outcomes assessed.

**Results** 169 stage IA p53abn and 49 stage IA non-endometrioid ECs of other molecular subtypes were identified that (7 POLEmut, 24 MMRd and 18 NSMP). Table 1 shows the subcategories, adjuvant treatment, and disease recurrences.

**Conclusions** Rates of recurrence were the same in patients with stage IA p53abn and/or non-endometrioid EC regardless of myoinvasion. Optimal treatment for the diverse spectrum of stage IA p53abn disease remains a challenge but these recurrence rates should prompt consideration of adjuvant therapy.

**Abstract EP116/#725 LOW-GRADE P53ABN ENDOMETRIAL CARCINOMAS EXIST AND ARE ASSOCIATED WITH A HIGH RISK OF RECURRANCE, EVEN IN LOW-STAGE DISEASE**

**Objectives** p53abn endometrial cancer (EC) is associated with a high risk of recurrence. Molecular classification of EC cohorts has shown that ~5% of low-grade endometrioid ECs have a high risk of recurrence, even in low stage disease. However, there is no study on the management of p53abn endometrial carcinomas in the low stage disease.

**Methods** A comprehensive list of low-grade p53abn EEC patients was retrieved from our hospital database. The database contained 77 patients. The final study group was selected by applying the inclusion criteria, i.e., patients with low-stage disease (Ia), no residual tumor, received no preoperative therapy, and received no adjuvant therapy. Sixteen patients were finally selected for this study. The definitions of low-grade p53abn EEC were based on published studies and guidelines. The median follow-up time was 32 months.

**Results** The main findings were no recurrences in patients with low-grade p53abn EEC (N=72) additional recurrences with VB). Stage IA patients not receiving chemotherapy had a ~17% recurrence rate, whether with myoinvasion (17.1%) or without (16.7%).

**Conclusions** Rates of recurrence were the same in patients with stage IA p53abn and/or non-endometrioid EC regardless of myoinvasion. Optimal treatment for the diverse spectrum of stage IA p53abn disease remains a challenge but these recurrence rates should prompt consideration of adjuvant therapy.

**Abstract EP116/#725 Figure 1 Time to overall recurrence in all low-grade p53abn EEC (N=72)**