Introduction/Background Endometrial cancer (EC) is the most common gynecologic tumor in developed countries with poor prognosis in recurrent or metastatic setting. Recent clinical trials have shown activity of anti-angiogenic strategies (i.e. tyrosine kinase inhibitors) in advanced EC.

Methodology Compared to 25 non-malignant control tissues we evaluated RNA expression of ANGPT2, FGF2, VEGFA, PDGFB, PDGFRα, PDGFRβ, PDGFA, KIT, VEGFR2 and CXCL8 in 239 EC. We performed association and survival analyses. A subgroup analysis with 81 patients was performed according to the PROMISE molecular classification (POLE, MMRd, p53abn and NSMP).

Results A 2-fold higher expression of PDGFA and VEGFA was found in EC (p<0.001). High expression of PDGFB, on the other hand, was associated with reduced recurrence free survival (RFS; HR 1.932, p=0.018), disease specific survival (DSS HR 2.075, p=0.016) and overall survival (OS; HR 1.616, p=0.021). Similarly, PDGFRα was associated with DSS (HR 2.200, p=0.048), ANGPT2 with RFS and DSS (HR 1.908, p=0.011 and HR 2.293, p=0.004, respectively) and VEGFA with RFS (HR 1.717, p=0.039). Additionally, PDGFRα (DSS HR 3.164) and PDGFB (OS HR 1.563) proved to be predictive markers in Cox regression analyses. The expression of PDGFRα and PDGFRβ was significantly different between the PROMISE molecular subtypes.

Conclusion Various angiogenic molecules influence the clinical prognosis and their predictive value should be evaluated for anti-angiogenic therapy.

Disclosures No disclosures

Introduction/Background Since application of sentinel lymph node (SLN) technique in low-risk endometrial tumors, the procedure for performing the lymph node assessment has changed.

The purpose of this work is to evaluate the efficiency of the implementation of this technique in a Spanish Public Hospital.

Methodology 256 patients with histology at initial diagnosis of endometrioid adenocarcinoma, treated by the Oncological Gynecology Team of Bellvitge University Hospital, were studied in a period of 6 years (January 1, 2015 to December 31, 2020).

Patients were classified into two groups based on surgical techniques performed:

- HT ± LFD group (without SNL) that includes total hysterectomy with/without bilateral adnexectomy and with/without lymphadenectomy as a minimum procedure, with 146 patients.

- HT + GC group (group with sentinel node), which includes as a minimum procedure total hysterectomy with/without bilateral adnexectomy and application of the sentinel node technique, with 66 patients. SLN technique was performed with injection of indocyanine green-SLN at the cervical level at 3 and 9 o’clock (2cc), lymph node exeresis guided by the dye, intraoperative study and subsequent ultrastaging.

Descriptive study and inferential statistics were performed. Ethical requirements were accomplished.

Results Lymph node evaluation, directly associated with the SLN technique, has increased. There are no statistically significant differences in surgical results comparing by technique. Differences were found in disease-free intervals (median DFI 5 months in SLN vs. 13 in non-SLN, p=0.016). The SLN has increased adjuvant treatments (46.9% in SLN vs. 27.8% in the other techniques, p=0.006).

Conclusion The result after SLN technique in this group of patients is a higher rate of detection of affected lymph nodes, which probably increases the indication for adjuvant treatments.

Robotic surgery is associated with increased costs per surgical act.

Additional prospective studies, including molecular pathology risk profile of endometrial cancer, are required for a better evaluation of the long-term efficiency of SLN.

Disclosures -
tumor stage, therapy), monitoring of lifestyle before and after diagnosis and adherence to treatment modalities were recorded.

**Results** Between 12/2021 and 04/2023, 656 patients with EC (median age: 65.0[20.0; 92.0] years) completed the survey. Major recruitment took place in Germany (56%) and Switzerland (41%). The most common comorbidities were hypertension (42%), diabetes (13%) and hypothyroidism (20%). 46% of patients reported not exercising before diagnosis of EC. Only 14% increased their activity after diagnosis, 39% did even less (49% of those due to weakness). The need for medical exercise programs was low – only 30% were interested - although 55% felt that more activity would benefit their disease. 62% reported that they had not changed their diet after diagnosis. 31% would be interested in a professional nutrition counseling program, 81% did not receive one during treatment. Regarding screening programs, 52% participated in the colonoscopy program, 61% in the cervical cancer program, 34% in the skin cancer program and 71% in mammography screening.

**Conclusion** A majority of patients believe in a potential positive impact of lifestyle changes, such as exercising and diets. Nevertheless, physical activity appeared to be relatively low and most patients did not change their diet after diagnosis. There is a need for better support of patients in these aspects, to achieve the known benefits of holistic treatment.

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**Abstract #446** **INFLUENCE OF COMORBIDITY ON THE RISK OF DEATH: A SINGLE INSTITUTION STUDY OF 1915 WOMEN WITH EARLY-STAGE UTERINE CANCER**

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**Introduction/Background** The study goal is to utilize a validated comorbidity scoring to determine its impact on recurrence-free (RFS), disease-specific (DSS) and overall survival (OS) in women with early-stage endometrioid carcinoma (EC).

**Methodology** We identified 1915 patients with EC stages I-II who underwent hysterectomy. Charlson Comorbidity Index (CCI) at time of hysterectomy was calculated by trained physician. Survival endpoints was correlated with CCI. Univariate and multivariate modeling with Cox regression analysis was used to determine significant predictors of OS, DSS, and RFS.

**Results** After a median follow-up of 104 months, 529 deaths were recorded, only 87 patients died from EC [16%], and 442 [84%] from other causes. Median CCI score for the study cohort was 0 (range, 0 to 12). On the basis of CCI, patients were grouped as follows: 0 score (group 1, n=1083), score 1-2 (group 2, n = 690), and score of 3 or more (group 3, n = 142). By CCI grouping, the 5-year RFS, DSS, and OS were 94%, 96%, and 97% for group 1, 92%, 94%, and 78% for group 2, and 86%, 95% and 60% for group 3 (P< 0.0001). The cause of death in the first 10 years after hysterectomy in our study was mainly non-uterine cancer-related (80% vs. 20% for uterine cancer-related) causes. On multivariate analyses, higher CCI, lymphovascular space invasion (LVSI), higher tumor grade, and older age were significant predictors of shorter OS. On multivariate analysis for DSS and RFS, only high tumor grade and LVSI were significant predictors.

**Conclusion** The cause of death for women with early-stage EC is mainly nonuterine cancer-related. Comorbidity score is a significant predictor of OS in our study cohort. Comorbidity scores may be useful as a stratification factor in any prospective clinical trial for women with early-stage EC.

**Disclosures** No disclosure.

**Abstract #447** **COMPARISON BETWEEN IMMUNOHISTOCHEMICAL-BASED MODEL AND GENOMIC PROFILING IN ENDOMETRIAL CANCER MOLECULAR STRATIFICATION: A PROPENSITY-MATCHED SURVIVAL ANALYSIS**

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**Introduction/Background** Nowadays, immunohistochemistry analysis together with POLE sequencing (genomic profiling-based model, GP-M) is the gold-standard for endometrial cancer (EC) classification into molecular classes: POLE-mutated, no specific molecular profile, mismatch repair deficient (MMRd), and p53-abnormal (p53abn). This study aims to investigate the non-inferiority of immunohistochemistry model (IHC-M) in classifying EGs compared to the standard (GP-M) in terms of oncologic outcomes.

**Methodology** All presumed uterine-confined ECs undergoing surgical staging at Fondazione Policlinico Universitario A. Gemelli and University Hospitals of Leuven were retrospectively included. Patients classified by IHC-M were stratified into: MMR-proficient (MMRp) and estrogen receptor (ER) positive, MMRp and ER-negative, MMRd, and p53abn. First, a case-control comparison was performed with a control cohort of ECs classified by GP-M. Second, a propensity match analysis was performed: EGs classified by IHC-M were matched in a 3:1 ratio with patients classified by GP-M.

**Results** 1592 EGs were included (1321 classified by IHC-M, and 271 classified by GP-M). Age, BMI, histology, and adjuvant treatment differed between the two cohorts (p<0.05). The Kaplan-Meier survival curves for disease-free survival demonstrated similar validity of the two models in stratifying the two cohorts (p<0.0001). Applying the propensity score...