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[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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**#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 uterine 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 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.

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**#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 ECs 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. This study aims to identify how well the two models (IHC-M and GP-M) can predict survival in EC patients. A case-control comparison was performed with a control cohort of ECs classified by GP-M. Second, a propensity match analysis was performed: ECs classified by IHC-M were matched in a 3:1 ratio with patients classified by GP-M.

**Results** 1592 ECs 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 model...

**Abstract #447 Figure 1** The Kaplan-Meier survival curves for disease-free survival of the two cohorts stratified according to the two models...
match and balancing the two cohorts, the survival analysis demonstrated a non-inferiority of IHC-M in ECs classification compared to GP-M (p<0.0001). Moreover, ROC curves showed overlapping AUC: 0.77 (0.66–0.87) for IHC-M and 0.72 (0.63–0.81) for GP-M.

Conclusion In this large retrospective EC series, the IHC-M showed superimposable classification power compared to the GP-M in terms of oncolgic outcomes. This study may lay basis to further investigate the concrece real-life clinical impact of POLE sequencing in molecular classification and the potential role of ER receptor for further classifying EC patients. Moreover, our results further reinforce the evidence in favour of reconsidering the ER status especially in NSMR subgroup. Longer follow-up and prospective studies are necessary.

Disclosures Nothing to disclose

#453 RARELY DIAGNOSED ENDOMETRIAL CANCER WITH SQUAMOUS DIFFERENTIATION MIMICS OTHER CANCER ENTITIES – CASE REPORT

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Introduction/Background Although rarely diagnosed, endometrial cancer (EC) with squamous differentiation presents unique challenges for gynecologists. Due to a lack of distinct clinical characteristics accurate diagnosis is frequently obtained after surgery and subsequent histopathological examination.

Methodology A 48-year-old obese and multimorbid woman was admitted because of postmenopausal uterine bleeding. Diagnostic curettage revealed the diagnosis of endometroid EC, G1. Biopsy of the cervix which was performed due to suspect findings at clinical examination showed tumor cells with squamous differentiation, suspicious of simultaneously occurring cervical cancer (CC) as leading and prognostically most impactful diagnosis. Preoperative imaging procedures presented no metastatic disease in the pelvic lymph nodes, but enlarged and irregularly shaped ovaries. Due to various high perioperative surgical risks, laparoscopic staging with pelvic lymphadenectomy and intraoperative frozen section was recommended, followed by laparoscopic total mesometrial resection (TMMR) in case of negative lymph nodes.

Results Laparoscopic lymphadenectomy was performed and followed by TMMR in the absence of lymph node metastases. Detailed histopathological analysis unexpectedly showed the diagnosis of EC with squamous differentiation and metastatic disease in the ovaries.

Conclusion Diverging histopathological findings and ambiguous clinical presentation led to the inaccurate diagnosis of advanced CC with simultaneous EC instead of EC with squamous differentiation. The lack of randomized clinical trials regarding optimal surgical and adjuvant treatment, as well as the lack of standardized therapeutic procedures for women with EC with squamous differentiation offer challenges for clinicians and patients.

Disclosures Conflicts of interest as stated in the attached files.

#457 THE ROLE OF PREOPERATIVE MRI IN ASSESSING MYOMETRICAL INVASION IN ENDOMETRIAL CANCER. EXPERIENCE FROM ONCOLOGY CENTRE OPOLE

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Introduction/Background Endometrial cancer is a common malignancy in women, and accurate staging is crucial for optimal treatment selection. In recent years, preoperative magnetic resonance imaging (MRI) has emerged as an important tool in accurately determining the extent of endometrial cancer. The aim of this study was to evaluate the role of preoperative MRI in assessing myometrial invasion in endometrial cancer patients treated at Oncology Centre Opole.

Methodology A retrospective study was conducted on 181 endometrial cancer patients who underwent primary surgery and histopathological assessment at Oncology Centre Opole between 2020–2023. The utility of preoperative MRI in assessing superficial (FIGO IA) and deep (FIGO IB) myometrial invasion was analyzed and compared to histopathological reports. Of the 181 patients, 125 had FIGO stage I disease. The sensitivity, specificity, positive predictive value, and negative predictive value were calculated for estimating myometrial invasion by preoperative MRI.

Results The sensitivity and specificity of preoperative MRI in assessing FIGO IA were 70% and 78%, respectively. The positive predictive value and negative predictive value were 82% and 64%. For FIGO IB, the sensitivity and specificity of preoperative MRI were 77% and 93%, respectively. The positive predictive value and negative predictive value were 40% and 85%.

Conclusion Our results showed that preoperative MRI is an effective tool in assessing myometrial invasion in endometrial cancer patients. However, the low positive predictive value for deep myometrial invasion indicates that the MRI result should also be verified by TVS performed by an experienced clinician and led us to validate the MRI protocol.

In conclusion, a multidisciplinary approach involving clinical evaluation, imaging, and histopathological assessment is necessary for accurate staging and further management of endometrial cancer.

Disclosures No conflict of interest.

#460 ROBOTIC SINGLE-SITE IN ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW OF THE LITERATURE

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Introduction/Background Endometrial cancer is one of the most common gynecological cancers, and its treatment involves hysterectomy, salpingo-oophorectomy, and lymph nodal staging. In the modern era, surgical treatment cannot ignore the aesthetic result, especially for young women. According to this view, in 2013, the FDA approved robotic single-site (RSS) surgery. RSS has been introduced in minimally invasive surgery as an acceptable alternative to