

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 oncologic outcomes. This study may lay basis to further investigate the concrete 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 NSMP 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 endometrioid 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 MYOMETRIAL 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