

However, no association was found between BMI and survival. Studies aimed at elucidating the mechanisms linking a high BMI to less aggressive clinicopathological features in patients with EC are further warranted.

Disclosures None.

#### #505 CORRELATION OF MICROSATELLITE INSTABILITY WITH PATHOLOGY FEATURES OF ENDOMETRIAL CANCER PATIENTS

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**Introduction/Background** Molecular classification of endometrial cancer is the standard of referencing for early stage disease and takes precedence over standard pathology concerning the decision to proceed with adjuvant treatment. Several studies evaluated its impact on survival outcomes of endometrial cancer patients and in the present prospective cohort we evaluate the correlation of microsatellite instability (MSI) with standard pathology features of the disease.

**Methodology** The study is based in a consecutive cohort of patients. All the pathological features were retrieved and an analysis of microsatellite instability was performed with the assessment of MLH1, PMS2, MSH2 and MSH6. Correlation analysis was performed concerning the size of tumor, depth of myometrial invasion, distance from myometrial serosa, stage of disease and presence of lymphovascular space invasion.

**Results** Overall, 66 patients were retrieved of whom 47 (71%) presented with early-stage disease and 19 (29%) had advanced stage disease. Mean patient age was 62 years (37–83). Microsatellite instability was observed in 23 patients (34.8%). Neither tumor volume, nor the depth of myometrial invasion correlated with the presence of MSI. Positive lymph nodes and lymphovascular space invasion were significantly more prevalent in patients with MSI ( $p=.016$ ,  $p=.042$ ). Omental metastases did not differ among the two groups.

**Conclusion** Microsatellite instability is associated with lymphovascular space invasion and lymph node metastases. These findings explain the increased recurrence rates and decreased overall survival observed by other researchers and should be taken into account during the preoperative assessment and postoperative follow-up of patients.

**Disclosures** No conflicts of interest. The present study was not funded.

#### #508 PERITONEAL WASHINGS IN PRESUMED LOW GRADE EARLY-STAGE ENDOMETRIAL CANCER: DOES IT CHANGE OUR MANAGEMENT?

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**Introduction/Background** In the International Federation of Obstetrics and Gynaecology (FIGO) staging for endometrial cancer developed in 1988 positive peritoneal washings were regarded as FIGO stage 3A. The revised 2009 FIGO staging

no longer includes peritoneal cytology in the staging of the cancer.

The aim of this retrospective study was to assess how often peritoneal washings show positive cytology in presumed low grade early-stage endometrial cancer and whether this influenced the advice for adjuvant treatment in our region.

**Methodology** An observational retrospective analysis was performed of all patients identified to have presumed FIGO (2009) stage 1 grade 1 or 2 endometrial cancer preoperatively in 2020 and 2021 who were discussed in the multi-disciplinary team (MDT) meetings at the Northern Gynaecological Oncology Centre in the United Kingdom, and who were surgically managed with a total hysterectomy and bilateral salpingo-oophorectomy. Patients were identified by conducting a search in the database used for the MDT discussions. For confirmation the pathology records from all these patients were screened. The MDT discussions of all patients with positive peritoneal washings were reviewed in order to determine the recommendation for adjuvant treatment they were offered. This was compared with the British Gynaecological Cancer Society guideline, to determine if management was impacted by peritoneal washings.

**Results** The search identified 260 patients with presumed low grade early-stage endometrial cancer who had undergone surgery for their cancer, of which 20 patients (7.7%) had positive peritoneal washings. Patients with positive peritoneal washings more often had a higher preoperative and postoperative grade, a higher final FIGO stage and more often lymphovascular space invasion. The positive peritoneal washings did not influence the MDT recommendation on adjuvant treatment.

**Conclusion** The presence of positive peritoneal washings didn't influence further management. The prognostic value of positive peritoneal washings in endometrial cancer is still a topic of debate in literature.

Disclosures None

#### #521 EFFECTIVENESS OF MEGESTROL FOR THE TREATMENT OF PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA OR ENDOMETRIAL ENDOMETRIOID ADENOCARCINOMA (STAGE IA, WELL DIFFERENTIATED)

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**Introduction/Background** We aimed to evaluate treatment responses and recurrence rate of atypical endometrial hyperplasia (AEH) and endometrial endometrioid adenocarcinoma (EA) with Stage IA Grade 1 to megestrol in Iranian patients who are candidates for medical treatments.

**Methodology** In a retrospective cohort study that was conducted on 50 patients with AEH and 22 patients with EA who were referred to the oncology clinic of Imam Khomeini Hospital, Tehran, Iran, during 2006–2016, we recruited all patients with AEH or EA of Stage IA Grade 1 and their disease was diagnosed during endometrial curettage with or without hysteroscopy. Patients were initially treated with 160 mg of megestrol daily, along with aspirin up to 3 months, and then after 3–4 weeks of discharge of the drugs, patients underwent curettage with hysteroscopy.

**Results** The patients with AEH had 31 complete responses and five progressive diseases, and the patients with EA had seven complete responses and seven progressive diseases. After treatment, 25 cases with AEH and 5 cases with EA had an intention to get pregnant, whereas eight patients with AEH and 1 case with endometrial cancer became pregnant. Recurrence occurred in the 2 cases with AEH and 2 cases with endometrial cancer which the time of recurrence in the patients with AEH was longer than in patients with endometrial cancer ( $P = 0.011$ ).

**Conclusion** Megestrol is an effective therapeutic agent in endometrial hyperplasia or low-grade endometrial cancer patients who are willing to conserve their childbearing.

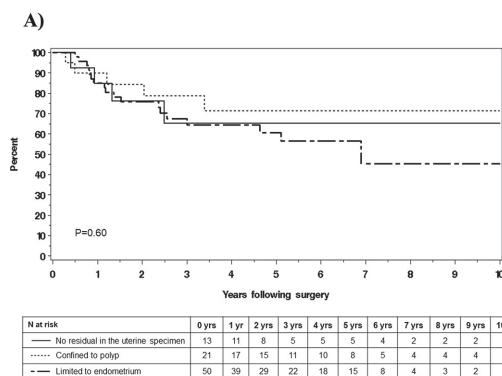
**Disclosures** The authors have nothing to disclose.

**#534 PROGNOSIS OF SURGICALLY STAGED FIGO IA UTERINE CARCINOSARCOMA WITHOUT MYOMETRIAL INVASION: A MULTICENTER INTERNATIONAL RETROSPECTIVE COHORT STUDY**

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**Introduction/Background** Uterine carcinosarcoma (CS) is a rare cancer with poor prognosis. CS without myometrial invasion (MI), such as limited to the endometrial lining/polyp or with no residual uterine disease at the time of hysterectomy is extremely uncommon. The oncologic outcomes of these patients are poorly understood and there is no consensus on



**Abstract #534 Figure 1** Recurrence-free survival (A) and overall survival (B) Kaplan Meier curves stratified by tumor location: no residual in the uterine specimen, confined to polyp, limited to endometrium.

standard of care. Therefore, the study aims to evaluate the long-term outcomes of CS patients without MI.

**Methodology** Patients with FIGO stage IA CS limited to the endometrial lining/polyp or without residual uterine disease were identified from 9 centers worldwide between 12/1998 and 1/2023. Patients who underwent surgical staging (hysterectomy, bilateral salpingo-oophorectomy, bilateral lymph node assessment (sentinel or systematic lymphadenectomy)) were included. Patients were excluded if adjuvant therapy was unknown. Survival analysis follow-up was limited to the first 10 years after surgery.

**Results** Of 84 patients included, 21 (25.0%) had disease confined to a polyp, 50 (59.5%) to the endometrial lining, and 13 (15.5%) had no residual disease in the hysterectomy specimen. Patients received observation ( $n=12$  [14.3%]), vaginal brachytherapy (VB) alone ( $n=13$  [15.5%]), EBRT±VB ( $n=4$  [4.8%]), or chemotherapy ±EBRT±VB ( $n=55$  [65.5%]). Twenty-seven patients (32.1%) recurred. Five-year recurrence-free survival (RFS) was 63.9% (95% CI, 53.2–76.7%); median follow-up for patients without recurrence was 4.6 years (interquartile range, 1.9–6.1). No significant difference was observed in RFS between patients in the three groups ( $p=0.60$ , figure 1A). Five-year overall survival (OS) was 73.0% (95% CI, 62.9–84.8%), and was also not significantly different between groups ( $p=0.12$ , figure 1B). Univariate analysis showed no significant differences in RFS and OS by post-operative treatment.

**Conclusion** Patients with stage IA CS without MI have a relatively high recurrence rate. Even in patients with no MI or no residual tumor at the time of hysterectomy, prognosis is unfavorable. While caution must be exercised in withholding adjuvant therapy, the optimal treatment remains unclear.

**Disclosures** NO disclosures

**#537 GERMINAL MUTATION STUDY OF LYNCH SYNDROME IN PATIENTS AFFECTED BY ENDOMETRIAL CANCER WITH MICROSATELLITE INSTABILITY**

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**Introduction/Background** Endometrial cancer (EC) that express a deficit in DNA mismatch repair proteins (MMRd), it is

