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.

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Abstracts

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 five cases with EA had an intention to get pregnant, whereas eight patients with AEH and one case with endometrial cancer became pregnant. Recurrence occurred in the two cases with AEH and two 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

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 without 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 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 5-fluorouracil (5-FU) chemotherapy (VB) alone (n=13 [13.5%]), EBRT±VB (n=4 [4.8%]), or chemotherapy ±EBRT±VB (n=5 [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=0.12, 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

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