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. 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 MYOMETRICAL INVASION: A MULTICENTER INTERNATIONAL RETROSPECTIVE COHORT STUDY

Introduction/Background Uterine carcinosarcoma (CS) is a rare and possibly aggressive malignancy. CS without myometrial invasion is extremely uncommon. The oncologic outcomes of these patients are poorly understood and there is no consensus on adjuvant therapy, the optimal treatment remains unclear.

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 INESTABILITY

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