necessary to rule out a germlinal mutation related to Lynch Syndrome (LS). MMRd is described in 20–40% of EC, 10% related to LS. Of all EC, 3% are related to Sd Lynch. Detection of EC with MMRd at an early stage, to date, does not imply a change in complementary treatment, a fact that changes in advanced disease who benefit from immunotherapy as 2nd line. The aim of this study is to analyze patients diagnosed with MMRd EC and its association with LS.

**Methodology** Retrospective descriptive cohort study.

Molecular profile data of EC has been collected from patients that underwent surgery since the implementation of this classification in our hospital, from February-2021 to January-2023.

**Results** A total of 117 patients with EC, 24 resulted MMRd, which corresponds to 20.5%. The median age is 60 years (38–81 years). The most frequent histology is endometrioid adenocarcinoma (23/24), only one undifferentiated carcinoma. 12 of the patients were in stage IA, 6 patients IB, 1 patient II, 2 in IIIA, 1 in IIIC1 and 2 in IIIC2. Only one adenocarcinoma with MMRd-POLE mutated multiclassification, a patient with stage IA G3 who was omitted from complementary treatment due to good prognosis according to POLEmut.

Of all the patients with MMRd EC, 2 were found to be related to LS, this relationship was ruled out in 2, and 3 patients remain awaiting results. MLH1 hypermethylation was found in 17 patients. One patient, the youngest, had already been previously diagnosed with LS as a result of a family history study.

**Conclusion** Currently, the MMRd molecular profile does not imply a change in adjuvant treatment in early stages.

EC with MMRd is more probably to be sporadic due to MLH1 hypermethylation than linked to LS.

**Disclosures** Close relationship of MMRd with endometrioid adenocarcinoma of the endometrium.

Most MMRd are secondary to MLH1 hypermethylation and not related with Lynch Syndrome.

Not many cases of molecular multiclassification are found.

**Results** 216 patients with early-stage (FIGO stage I) endometrioid endometrial cancer underwent surgery during the study period. The mean age of the women was 62.7 years. 82% (n=178) of the patients were postmenopausal. Endometrial polyps were diagnosed in 17.9% (n=38) of the above patients. The polyps were found to be malignant in 21 out of 38 patients (55.2%). In 17 out of 21 cancer-involved polyps (80.9%), the size was >1 cm.

**Conclusion** According to the present data, endometrial polyps especially in the postmenopausal period and with a diameter of larger than 10 millimeters, must be carefully attended due to the high rate of the coincidence with endometrial cancer.

**Disclosures** No conflict of interest.

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**#544 COINCIDENCE OF ENDOMETRIAL POLYPS IN PATIENTS WITH ENDOMETRIAL ADENOCARCINOMA**

**Abstracts**

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**Methodology** A retrospective cohort study of endometrial polyps in patients with early-stage endometrial cancer.

**Disclosures** Close relationship of MMRd with endometrioid adenocarcinoma of the endometrium.

Most MMRd are secondary to MLH1 hypermethylation and not related with Lynch Syndrome.