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 5d 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 IIA, 1 in IIC1 and 2 in IIC2. 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 probable 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.

#544 COINCIDENCE OF ENDOMETRIAL POLYPS IN PATIENTS WITH ENDOMETRIAL ADENOCARCINOMA
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Introduction/Background
Endometrial polyps affect premenopausal and postmenopausal women. The odds of an endometrial polyp being malignant are estimated to be 1–5% of all women. This study aimed to correlate the coincidence of endometrial polyps in patients with early-stage endometrial cancer.

Methodology
This was a retrospective cohort study of early-stage (FIGO stage I) patients with endometrioid endometrial cancer surgically treated between 2006 and 2020. Histological confirmation of endometrial polyps was done either by the endometrial biopsy during the preoperative work-up or by the final surgical histology of the hysterectomy specimen. The demographic characteristics of the patients were analyzed and correlated with the coexistence of both invasive and non-invasive polyps.

#554 IS THERE A PROGNOSTIC VALUE FOR THE POSITIVE LYMPH-NODE RATIO? AN ISRAELI GYNECOLOGIC ONCOLOGY GROUP STUDY

Abstracts

Introduction/Background
Endometrial cancer is the fourth most common cancer in women in the developed countries. Although lymphadenectomy, particularly pelvic, is part of the surgical procedure for staging, its importance as a prognostic and therapeutic measure is in dispute.

The aim of this study is to explore the relationship between positive-pelvic lymph-node ratio (PPLNR) and disease-specific-survival (DSS), time to recurrence and overall-survival (OS) among women with endometrial cancer (EC).

Methodology
A retrospective multi-center study of the Israeli Gynecologic Oncology Group (IGO). In this study, we prospectively collected the information of consecutive women with EC who underwent surgery in one of 11 medical-centers between 2002–2014. During the study-period, 2014 women were treated and reviewed, 1,032 underwent lymph-node staging of whom 117 had PPLN. We used Kaplan-Meier and log-rank tests to determine the threshold LNR associated with survival.

Results
117 women were included in the study, for 104 women we had data regarding all the evaluated outcome-meaures. A higher number of excised metastatic lymph-nodes was associated with decreased Kaplan-Meier analysis determined a threshold of LNR=0.4. Women with PPLNR>0.4 had decreased DSS (P<0.01) time to recurrence (p<0.02) and OS (P<0.017) relative to those with
PPLNR<0.4. No other clinically significant differences were found between the groups.

Conclusion Our data suggest that PPLNR can be used as another prognostic tool in women with advanced EC. Future studies will help to define a precise threshold of PPLNR to implement this prognostic factor in daily practice.

Disclosures There is no conflict interest.

#560 THE RELATIONSHIP BETWEEN TUMOR MEAN STANDARD UPTAKE VALUE (SUVMAX) IN PREOPERATIVE PET/COMPUTED TOMOGRAPHY AND PROGNOSTIC RISK GROUPS IN ENDOMETRIAL CANCER

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Introduction/Background Our aim in this study was to determine the relationship between tumor mean standard uptake value (SUVmax) value in preoperative PET/computed tomography (CT) and prognostic risk groups in cases with endometrial cancer.

Methodology A total of 368 patients operated on for endometrial cancer were evaluated in the study. The SUVmax value of endometrial primary tumor of the patients screened within 30 days of operation, was compared with prognostic parameters and risk groups. P value <0.05 was considered significant for all tests.

Results A statistically significant relationship was found between the mean SUVmax value and risk groups (p<0.001), grade (p<0.001), stage (p<0.001), myometrial invasion of the tumor (p<0.001), cervical involvement (p=0.002), lymphovascular space invasion (LVSI) (p<0.001), lymph node metastasis (p<0.001), tumor size (p<0.001), lymph node involvement in PET/CT (p<0.001). There was no significant relationship found between the histologic type of tumor and the mean SUVmax value (p=0.113). Cutoff SUVmax value for endometrial cancer tumor tissue, which will be used to determine the possible lymph node metastasis, was accepted as 19 as a result of the ROC analysis. The risk of lymph node metastasis was found 4.74 times (confidence interval, 2.510–8.977) higher in patients with SUVmax value above cutoff 19 (p<0.001). Considering risk groups, it was observed that patients with mean SUVmax value above 19 were in intermediate-high and high risk group, 2.3 times more than those in low and intermediate risk group (p< 0.001).

Conclusion Since low and high risk groups have a significant difference in treatment management and prognosis, it might have a great importance for patients to determine this difference with PET/CT in the preoperative period.

Disclosures The higher the mean SUVmax value in the endometrial cancer tumor tissue in preoperative PET/CT in patients with endometrial cancer, the higher the risk group of the patients.

#562 NODAL STAGING IN ENDOMETRIAL CANCER SURGERY: WHICH ROLE IN THE MOLECULAR CLASSIFICATION ERA?

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Introduction/Background According to 2020 ESGO/ESTRO/ESP guidelines, nodal assessment contributes to define high-risk (HR) endometrial cancer (EC) and the choice of adjuvant treatment for high-intermediate risk (HIR) cases. However the growing role of molecular classification in defining prognostic groups and adjuvant therapies might reduce the importance of nodal staging.

Aim of this study was to assess the contribution of nodal staging in defining prognostic groups and adjuvant therapies in EC patients submitted to surgery.

Methodology The study population included 57 women submitted to surgery between 2020 and 2023 at our institution for presumed stage I-II EC, with postoperative diagnosis of HIR (11 patients) and HR (46 patients) disease.

The contribution of nodal staging in the definition of prognostic groups was assessed by reviewing HR patients to identify those without any other feature of such class (non-endometrioid EC, p53abn immunohistochemistry, T3-T4 disease). HIR cases were reviewed to assess which treatment would have been recommended by guidelines if nodal staging data were not available.

Results In 2/46 women (4.3%), allocation to HR class relied exclusively on positive nodal staging. Among HR patients, chemotherapy (CT) and external-beam radiotherapy (EBRT) were proposed in 40 cases. Without nodal staging, both would have been omitted in 1/40 case (2.5%).

Among HIR patients, CT was proposed in all cases; in pNx patients, unavailability of nodal staging might have caused CT omission in 1/11 case (9.1%), while it probably would not have changed indications to EBRT. In pN0 patients, CT and EBRT would have been considered due to lymphovascular space invasion.

Unavailable nodal staging could globally be related to omission of CT in 2/57 patients (3.5%) and of EBRT in 1/57 patients (1.8%).