supervised by certified Gynaecologic Oncologist of Endoscopic Surgeon (S.P, F.G or K.D respectively). Epidemiological, surgical and histopathological outcomes of patients were recorded in a computerized database. Primary outcome of the study was to assess rates of any sentinel detection, bilateral or unilateral detection as well as to record main intraoperative and postoperative complications. Secondary outcome was to report final FIGO staging along with main histopathologic parameters.

**Results** Mean patients’ age was 64.5 years. Technique was performed laparoscopically in 28 cases and with laparotomy in 2 cases. At least one sentinel node was detected in all cases of the cohort. Macroscopic bilateral detection was achieved in 28 cases (93.3%), while histologically confirmed detection in 24 cases (80.0%). Non-detection concerned left side in 4 cases and right side in 2 cases. No major intraoperative or postoperative complication was observed in these cases. There was 1 case in which sentinel node was positive for nodal involvement (3.3%) and was upstaged to IIIC. Final FIGO staging was IA in 33.3% of patients (10/30), IB in 60.0% of patients (18/30), II in 6.7% of patients (2/30) and IIIC in 3.3% (1/30).

**Conclusion** Sentinel node is safe and effective technique with high rates of nodal status detection. Current ESGO guidelines necessitating the performance of technique in apparent early-stage endometrial cancer cases should be widely implemented by ESGO-accredited Departments.

**Disclosures** Authors have nothing to disclose.

**Abstract #618 Figure 1** Pattern recurrence in endometrial cancer

**Conclusion** Between patients with a relapse, most of them presented disease not suitable for surgical treatment. Further studies are needed to elucidate treatments option for relapsed endometrial cancer not candidates for radical treatment.

**Disclosures** No disclosure.

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**#629** **MICROSATELLITH INSTABILITY IN ENDOMETRIAL CANCER: DETECTION WITH IMMUNOHISTOCHEMICAL MARKERS AND ITS RELATIONSHIP WITH CLINICAL OUTCOME**

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**Introduction/Background** Endometrial cancer (EC) is the most commonly diagnosed gynecologic malignancy among women worldwide and may be classified on the basis of different molecular, pathologic and genetic alterations, including microsatellite instability (MSI). Although MSI is associated with a more favorable outcome in colorectal cancer, its relationship with prognosis in EC cancer is not yet clear.

**Methodology** 100 primary endometrioid type endometrial carcinoma cases, surgically staged in Ege University Gynecological Oncology Department, were included in the study. The files of the patients who applied between 2002–2016 were searched. A tumor sample was defined as MMR deficiency (dMMR) with a loss of at least one of the MMR proteins. The cases were divided into two groups as MMR-deficiency and MMR-proficient. The cases were compared in terms of prognostic factors with loss of nuclear expression in MMR proteins by IHC method. The effects of these parameters on survival were examined.

**Results** According to the FIGO 2009 staging system, the patients included in the study were distributed as stage I patient group 77 (77%), stage II 14 (14%), stage III 8 (8%), stage IV 1 (1%). Twenty-eight (28%) of the cases were found to be grade 1, 57% grade 2, and 15% grade 3. There was no statistically significant difference between the dMMR and MMR-proficient groups in terms of age, menopausal status, family history, need for adjuvant treatment, recurrence, mortality, FIGO stage, grade, adnexal involvement, lymph node involvement and tumor size (p>0.05). LVI was more common in the dMMR group than in the MMR-proficient group.
Conclusion As a result, in endometrioid type endometrial cancers, a significant relationship was found between MMR and lymphovascular space involvement and deep myometrial invasion. However, there was no effect on survival.

Disclosures The aim of our study is to reveal the molecular features of endometrial cancer by immunohistochemical (IHC) method and to determine their relationship with prognostic variables.

TRIPLE SYNCHRONOUS MALIGNANT TUMORS OF BREAST, ENDOMETRIUM AND STOMACH: A CASE REPORT

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Introduction/Background Although rare, gynecological cancers following therapeutic radiation are a reality that cannot be ignored nowadays. Ionizing radiation is an established risk factor for the development of primary second cancers while post-radiotherapy gynecological sarcomas are well-documented, it’s harder to prove the existence of post-radiotherapy gynecological carcinomas.

Methodology A retrospective study was conducted at our institution between January 1st, 2018 and December 1st, 2022, to analyze the data of 367 patients hospitalized for the management of a gynecologic cancer. Among these 367 patients, only 9 had a history of gynecologic cancer treated with radiotherapy and its appearance. These criteria include the location of the second tumor, it’s histology, and the time interval between the initial irradiation and its appearance.

Results The average age at the onset of the first gynecological cancer treated by radiotherapy was 58.6 years and the second post-irradiation cancer was 63.7 years. All nine patients had squamous cell carcinoma of the cervix, all treated with radiochemotherapy. The average dose received was 53.6 Gy with fractionation adapted to the stage of each patient, particularly as BI-RADS 3 and the left breast as BI-RADS 1. Tru-cut biopsy of the right breast resulted as IDC. Endometrial biopsy was performed because of concomitant anormal uterine bleeding, and it was concluded as Endometrial Carcinoma.

In the meantime, because of the thickening and heterogeneity of the gastric mucosa on MRI, malignancy was suspected and endoscopy was performed. Endoscopy results were reported as ‘differentiated mucosa’ in the lower end of the esophagus and ‘gastric adenocarcinoma’ in the cardia. First, segmental mastectomy was performed on the right breast, and biopsy was confirmed as IDC. Then Laparoscopic Hysterectomy - BSO -SLN was performed, the result was confirmed as Endometrial Endometrioid Carcinoma. At this time, it was thought that gastric cancer might be an advanced stage peritoneal tumor, surgery was planned immediately after 4 cycles of neoadjuvant chemotherapy were given. After chemotherapy treatment, total gastrectomy - D2 dissection was performed and the biopsy result was confirmed as ‘gastric adenocarcinoma’. Letrozole added to treatment. The patient was discharged in good health and our follow-up continues.

Disclosure There is no conflict of interest in this statement.