THE IMPACT OF MOLECULAR CLASSIFICATION ON RECURRENCE RISK IN ENDOMETRIAL CANCER PATIENTS WITH LYMPH NODE METASTASIS: A MULTICENTER RETROSPECTIVE STUDY

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Introduction/Background The impact of molecular classes on the risk of recurrence in node-positive endometrial cancer (EC) is still unclear. This study aims to evaluate the distribution of molecular classes and their impact on the risk of recurrence in FIGO stage IIIC EC.

Methodology EC patients with FIGO stage IIIC (including micrometastasis and macrometastasis) who underwent surgical staging from October 2013 to September 2022 and had subsequent molecular characterization were identified among five referral centers worldwide. The molecular analysis included immunohistochemistry for p53 and MMR proteins and sequencing for POLE exonuclease domain. ECs were classified into four molecular classes (POLEmut, MMRd, p53abn, and NSMP). Survival analyses were performed using Kaplan-Meier and Cox models (univariate and multivariable) to evaluate the relationship between molecular classes and recurrence within 5 years after surgery.

Results A total of 134 patients were included; 57 (42.5%) tumors were NSMP, 44 (32.8%) MMRd, 1 (0.7%) POLEmut, and 32 (23.9%) p53abn (figure 1). Overall, 52 (38.8%) patients experienced a recurrence within the first 5 years following surgery with a median time of 1.2 years (IQR 0.5–1.7), including 17 (32.7%), 14 (26.9%), and 21 (40.4%) among NSMP, MMRd, and p53abn cases respectively. No recurrence was observed in the POLEmut case. Survival analysis revealed a significant difference in RFS between NSMP, MMRd, and p53abn classes (log-rank p < 0.01) (figure 1). Similarly, in univariate analysis the molecular class was a significant predictor of recurrence (p < 0.01). In multivariable analysis, adjusting for grade and type of lymph node metastasis, p53abn EC showed twice the risk of recurrence compared to NSMP (HR 2.12, CI 1.04–4.29).

Conclusion Our findings indicate a high prevalence of p53abn tumors among patients with stage IIIC EC. Moreover, our study highlighted the significant impact of molecular classification on the risk of recurrence in these patients. Further studies are needed to better understand the impact of molecular classes compared to pathological features.

Disclosures The authors have nothing to disclose.

ENHANCING OUTCOMES IN ENDOMETRIAL CANCER: REAL WORLD DATA ON RE-STAGING COMPLETION SURGERY AT TATA MEDICAL CENTRE

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Introduction/Background Inadequate surgical staging in endometrial cancer poses significant challenges in delivering optimal care, particularly in developing countries. There is a lack of evidence to either recommend or disapprove of completion staging surgeries. We aimed to assess the significance of restaging surgery in the treatment of endometrial cancer in this patient population.

Methodology We analysed 84 patients with endometrial cancer who underwent completion staging surgery at Tata Medical Centre, Kolkata, India, between January 2012 and December 2021. The primary objective was to determine the proportion of women who got upstaged after completion surgery and the

Abstract #671 Figure 1 A: Comparison of clinicopathological characteristics by molecular class. B. Molecular classes distribution. C. Recurrence-free survival analysis by molecular class.