#902 SYNCHRONOUS ENDOMETRIAL AND OVARIAN ENDOMETRIOID CARCINOMA: AN INTRICATE CLINICAL DILEMMA

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Introduction/Background Synchronous endometrial and ovarian carcinomas represent approximately 5% of endometrial cancers and about 10% of ovarian cancers.

Distinguishing between double primaries from metastatic tumors is essential for the selection of optimal adjuvant treatment and predicting patient prognosis.

Methodology We retrospectively reviewed 8 patients with pathologically confirmed synchronous endometrial and ovarian endometrioid carcinoma (SEO-EC) who underwent surgery at Clínica Universidad de Navarra between 2017 to 2023.

We analyzed the molecular profile, using next generation sequencing of 8 samples, from 5 patients. We subjected endometrial and ovarian tumors from 3 patients to parallel NGS with Oncomine Comprehensive Assay.

The clonal relationship between endometrial and ovarian carcinomas was assessed using the similarity index (SI).

Results Complete information on molecular subtype classification was available in 5 patients. Two were mismatch repair deficient (MMR-D), 1 POLE-mutated and 2 no specific molecular profile (NSMP), respectively. The classification was not available in 3 patients as POLE mutation analysis was omitted, of which 2 had an abnormal expression of p53.

During follow-up, 2 patients relapsed with 1 disease-specific death. The molecular profile of those who relapsed, 1 was NSMP and the other undetermined (NSMP vs POLE), respectively.

The SI ranges between 0 (completely different) and 1 (identical genomic profiles). The 3 patients subjected to parallel NGS analysis had a SI of 0.66, 0.75 and 1, respectively.

Conclusion Our data provide additional evidence to suggest that in patients with SEO-EC, these lesions are usually clonally related and probably there is only one primary tumors,

The other hypothesis is the synchronic origin, not necessarily dissemination. The fact that the 3 patients subjected to parallel NGS analysis shared one or more somatic mutations support clonal origin in these cases, as determined by the SI. Nevertheless, further research and a larger sample size are needed to validate this hypothesis.

Disclosures None

#909 FERTILITY -PRESERVING APPROACH IN P53 MUTANT GRADE 2 ENDOMETRIOID ENDOMETRIAL CANSER-CASES PRESENTATION

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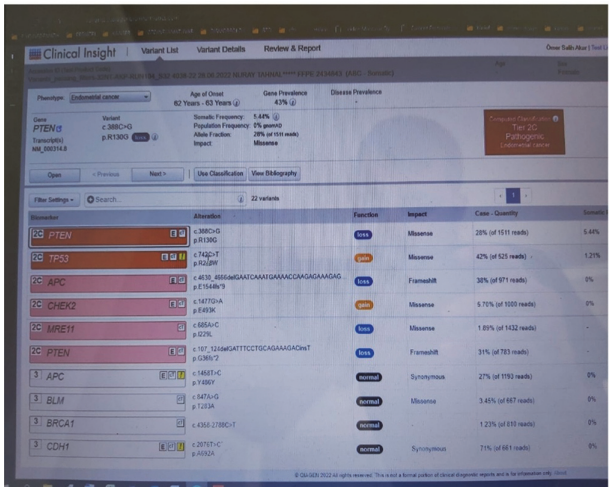
Introduction/Background Fertility preservation approach is used in stage 2 endometrioid endometrial cancer patients with P53 mutation who desire pregnancy. As per literature, there is a lack of consensus on the treatment method used for these patients.

Methodology This is a case study conducted at 19 May University in 2023, which describes the fertility preservation approach in patients with P53 mutant grade 2 endometrioid endometrial cancer.



Abstract #909 Figure 1

Results A 35-year-old patient presented with a desire for pregnancy, and the endometrial biopsy result showed endometrioid adenocarcinoma (FIGO grade 1). The endometrial biopsy previously performed in an external center was re-examined and POLE mutation was found to be negative. P53 was positively stained, and low-grade endometrial endometrioid carcinoma (FIGO grade 2) was detected. Contrasted MRI of the lower abdomen did not reveal myometrial invasion or metastasis. The patient used Megestrol acetate 160 mg for 3 months. During the first follow-up, dilatation and curettage were used instead of hysteroscopy due to the tumor size. The endometrial biopsy taken showed no invasive tumor focus, and progesterone-induced endometrium was detected. The patient was closely monitored and continued to use Megestrol acetate 160 mg for another 3 months. In the second follow-up, hysteroscopy revealed irregular and thickened endometrium. Endometrial biopsy was taken from the anterior, posterior, and lateral walls of the uterus, and the results showed atypical endometrial hyperplasia and endometrial polyp. The patient was monitored for 2 more months, and a follow-up ultrasound showed an increase in endometrial thickness. Hysterectomy was suggested to the patient after risk-sharing. Following the procedure, the pathology report showed low-grade endometrial endometrioid carcinoma (FIGO grade 2).

Conclusion Fertility-preserving approaches can be considered as a rare option for P53 Mutant Grade2 endometrioid endometrial cancer patients. However, as seen in our case, despite close monitoring, disease progression has been observed.

Disclosures There is no conflict of interest in this statement.