in the tumor cells and grouped as negative/weak/moderate/strong.

Results
Median follow-up time was 11 months (range: 1–160). Comparison of MMRd and MMRp group revealed that, MMRd-cases had the propensity for higher tumor size, FIGO grade & stage. Presence of comedonecrosis, psammoma bodies, diffuse LVI were more frequent, CD3 & CD8 densities were higher in the MMRd-tumors. A statistically significant correlation between the presence of extensive necrosis and tumor recurrence/metastasis was detected within the MMRd-group (p = 0.004), despite of no such relation within the MMRp-group. Recurrence/metastasis rates were significantly higher in BRAF positive cases among all E-ECs (p = 0.021).

Conclusion
CD3, CD8 positive lymphocytes constituted the majority of ICs in MMRd-cases and PD-1 expression was also higher in MMRd-group. Extent of necrosis may be important criteria for predicting outcome in MMRd E-ECs. BRAF expression significantly correlated with recurrence/metastasis in all E-ECs, independently of MMR status, and maybe promising as a prognostic parameter for E-ECs.

Abstract #942
Table 1
Comparisons of clinical, histopathological and immunohistochemical features between mismatch repair deficient and mismatch repair proficient endometrioid type endometrial carcinoma cases. (*): Two cases in MMRp group had only curettage materials and in these cases lymphovascular invasion, depth of invasion MELF invasion and FIGO staging could not be evaluated.

Abstract #944
The Da Vinci robotic surgery system for the management of endometrial cancer: a single center experience from King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia

#944
The DA VINCI ROBOTIC SURGERY SYSTEM FOR THE MANAGEMENT OF ENDOMETRIAL CANCER: A SINGLE CENTER EXPERIENCE FROM KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTER, JEDDAH, SAUDI ARABIA

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Introduction/Background
To report our single-center experience of the Da Vinci robotic surgery system in the management of endometrial cancer (EC) patients at the Department of Obstetrics and Gynecology, King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia, during 2019–2022.

Methodology
We descriptively summarized the preoperative, intraoperative, and postoperative outcomes. Moreover, we conducted subgroup analyses based on obesity (BMI ≥30 kg/m²) and the intraoperative use of indocyanine green dye (ICG).

Results
Overall, 81 patients were analyzed. Sixty-seven patients (82.7%) were obese. The mean operative time and estimated blood loss (EBL) were 247.22 ± 74.42 min and 100.86 ± 71.82 ml, respectively. The mean number of retrieved pelvic LNs was 3 ± 1.7 (range: 0–15). The use of IGD was employed in 40 patients (49.4%). Only one patient (1.2%) underwent conversion to laparotomy. Besides, only three patients (3.7%) experienced vaginal laceration intraoperatively. The mean hospital stay was 1.37 ± 0.73 days. No patient experienced postoperative complications. Most tumors had endometrioid histology (81.5%), grade-1 tumor (49.4%), and stage-1A disease (67.9%). At 3-year follow-up, only two patients (2.5%) developed recurrence. Patients who received the IGD had significantly lower operative time, lower EBL, and lower hospital stay compared with patients who did not receive it. However, there was no significant difference between both groups regarding the number of retrieved pelvic LNs.

Conclusion
Robotic surgery was technically feasible and safe. The use of ICG was linked to favorable outcomes, in terms of decreased operative time, EBL, and hospital stay. Obesity did not impact the perioperative surgical outcomes.

Disclosures
None

#947
IMMUNOHISTOCHEMICAL MARKERS OF ENDOMETRIAL CANCER OF DIFFERENT MORPHOLOGICAL FORMS
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Introduction/Background
Introduction. Endometrial cancer is one of the most common forms of oncopathology in developed countries. A search is underway for molecular biological markers that will allow us to identify new approaches to the treatment of pathology with better results.

Disclosures
The authors have no conflict of interest to declare.

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