Abstract #241 Table 1

N (%)	IA	IB	II	IIIA	IIIB	IIIC1	IIIC2	IVA	IVB	Total
MMRD	15 (45.4)	9 (27.3)	3 (9.1)	1 (3.0)	0 (0)	2 (6.1)	1 (3.0)	0 (0)	2 (6.1)	33 (100)
P53AB	5 (41.8)	1 (8.3)	1 (8.3)	1 (8.3)	0 (0)	0 (0)	1 (8.3)	0 (0)	3 (25.0)	12 (100)
POLE	7 (77.8)	1 (11.1)	0 (0)	0 (0)	0 (0)	1 (11.1)	0 (0)	0 (0)	0 (0.0)	9 (100)
NSMP	20 (55.6)	9 (25.0)	0 (0)	0 (0)	0 (0)	5 (13.9)	0 (0)	0 (0)	2 (5.6)	36 (100)

undetected metastases. Regarding the advanced cases, lymph nodes metastases were detected in all 4 molecular subgroups (mismatch repair deficiency, MMRd; Non specified molecular profile, NSMP; POLE mutated; p53 aberrant, p53abn), while transperitoneal spread was observed only in MMRd, p53abn and NSMP EC. Remarkably, 22,5% of NSMP EC showed positive pelvic lymph nodes.

Conclusion Our preliminary results show that EUGENIE is feasible and reveal possible different spread patterns for the 4 different molecular groups of EC. The final results are expected in 2028 and may guide surgical staging and adjuvant treatment for each molecular type

Disclosures The authors declare no disclosures.

#389 SENECA STUDY: STAGING ENDOMETRIAL CANCER BASED ON MOLECULAR CLASSIFICATION

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Introduction/Background Endometrial Cancer (EC) management is evolving and understanding the rate of Sentinel Lymph Node (SLN) involvement based on molecular subgroups is critical for accurate staging. Our study aims to evaluate SLN involvement rates in early-stage (FIGO I/II) EC, considering the molecular subtypes. Additionally, we will assess SLN involvement for each prognostic risk group according to the new ESGO classification.

Methodology SENECA study is a retrospective multicentric international observational study reviewing data from 2139 women with presurgical stage I-II endometrial cancer across 64 centers in 17 countries. Between January 2021 and December 2022, patients underwent surgical treatment with SLN assessment, following ESGO guidelines. SLN study protocols were accredited using either ultrastaging or OSNA.

Results Among the 2139 patients, the molecular subgroups were as follows: 272 (12.7%) p53 abnormal, 1191 (55.7%) NSMP, 525 (24.5%) MMRd, 55 (2.6%) POLE ultramutated, and 96 (4.5%) Multiple Classifier cases. The bilateral SLN detection rate was 80.8%, SLN involvement was found in 205 patients (9.6%). Notably, the rate of SLN involvement varied significantly depending on the molecular group (p53 12.50%, NSMP 7.81%, MMRd 12.19%, POLE ultramutated 7.27%, Multiple Classifier 10.42%, p=0.021). Additionally, within the new ESGO risk groups, including molecular classification, the risk of SLN involvement differed substantially: low-risk group 2.8%, intermediate 6.6%, high intermediate 21.6%, and high-risk group 22.5% (p=0.001).

Conclusion Our study reveals important differences in SLN involvement among patients with early-stage EC based on their molecular subtypes. These findings emphasize the significance of considering molecular characteristics to ensure accurate staging and optimize management decisions for patients with endometrial cancer.

Disclosures No conflict of interest.

#809 VERIFICATION OF THE PROGNOSTIC PRECISION OF THE NEW 2023 FIGO STAGING SYSTEM IN ENDOMETRIAL CANCER PATIENTS– AN INTERNATIONAL POOLED ANALYSIS OF THREE ESGO ACCREDITED CENTERS

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Introduction/Background Recently, the new 2023 FIGO staging system for endometrial cancer (EC) critically integrating new pathological and molecular features was published. The present study evaluated the clinical impact of the new 2023 FIGO staging system by comparing it to the previous 2009 system.

Methodology This is an international, pooled retrospective study of 519 EC patients who underwent primary treatment (and molecular characterization) at three ESGO accredited centers (Medical Universities of Innsbruck and Vienna and Catholic University of the Sacred Heart, Rome). Patients were categorized according to the 2009 and the 2023 FIGO staging system. Stage shifts were analyzed and (sub)stage specific 5-