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.

Abstract #241 Table 1

<table>
<thead>
<tr>
<th></th>
<th>IA (%)</th>
<th>IB (%)</th>
<th>II (%)</th>
<th>IIIA (%)</th>
<th>IIIB (%)</th>
<th>IIIC1 (%)</th>
<th>IIIC2 (%)</th>
<th>IVA (%)</th>
<th>IVB (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMRD</td>
<td>15 (45.4)</td>
<td>9 (27.3)</td>
<td>3 (9.1)</td>
<td>1 (3.0)</td>
<td>0 (0)</td>
<td>2 (6.1)</td>
<td>1 (3.0)</td>
<td>0 (0)</td>
<td>2 (6.1)</td>
<td>33 (100)</td>
</tr>
<tr>
<td>P53AB</td>
<td>5 (41.8)</td>
<td>1 (8.3)</td>
<td>1 (8.3)</td>
<td>1 (8.3)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (8.3)</td>
<td>0 (0)</td>
<td>3 (25.0)</td>
<td>12 (100)</td>
</tr>
<tr>
<td>POLE</td>
<td>7 (77.1)</td>
<td>1 (11.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (11.1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>9 (100)</td>
</tr>
<tr>
<td>NSMP</td>
<td>20 (55.6)</td>
<td>9 (25.0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>5 (13.9)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>2 (5.6)</td>
<td>36 (100)</td>
</tr>
</tbody>
</table>

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.

Abstract #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.

Abstract #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-
year progression-free (PFS) and overall survival (OS) rates were calculated and compared.

Results (Sub)stage shifts occurred in 144/519 (27.6%) patients: 123 upshifts (23.6%) and 20 (3.9%) downshifts. 2023 FIGO staging system identified a stage I cohort with a notably higher 5-year PFS rate compared to 2009 (93.0% versus 87.4%, respectively). For stage II disease, the 5-year PFS rate was slightly lower in the 2023 FIGO staging system compared to 2009 (70.2% versus 71.2%, respectively). The two new molecularly defined 2023 FIGO substages IAmPOLEmut and IICmp53abn displayed distinct, particularly favorable and adverse oncologic outcomes within early stage disease, respectively. A remarkably lower 5-year PFS rate for stage III patients was revealed in the 2023 FIGO staging system compared to 2009 (44.4% versus 54.1%, respectively).

Conclusion The new 2023 FIGO stating system led to a substantial stage shift in roughly one quarter of patients and to an improved prognostic precision. The new substages in early stage disease add further prognostic granularity & identify treatment-relevant subgroups.

Disclosures The authors have nothing to disclose.

04. Fertility/Pregnancy

#739 IMPACT OF ENDOSCOPIC SLEEVE GASTROPLASTY IN OBESE WOMEN WITH DIAGNOSED ENDOMETRIAL ALTERATIONS UNDER CONSERVATIVE TREATMENTS: PRELIMINARY CASE SERIES

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Introduction/Background Obesity represents one of the main risk factors for endometrioid endometrial cancer (EC). Besides being responsible for a chronic inflammatory state and insulin-resistance, obesity exposes women to a higher level of estrogen, leading to endometrial diseases. Even though it’s not the standard treatment, a conservative approach with hysteroscopic surgery followed by progestinic therapies can be considered in selected patients diagnosed with atypical endometrial hyperplasia (AEH), endometrial intraepithelial neoplasia (EIN), and low-grade EC. By producing a sustained weight loss, bariatric surgery has been demonstrated to reduce both cancer risk and recurrence. The endoscopic sleeve gastroplasty (ESG) is a minimally invasive technique that mimics the restrictive parts of bariatric surgery. Thus, we aimed at analyzing the feasibility of combined conservative treatment and endoscopic bariatric approach for the treatments of young obese women wishing to preserve fertility with diagnosis of AEH, EIN or EC.

Methodology We retrospectively retrieved patients who underwent both conservative treatment for AEH, EIN or early EC and ESG at our Institution from January 2020. We will analyze clinical, gynecologic oncological, and weight loss data as well as obstetric outcomes.

Results Results on the patients retrieved will be presented in the late-breaking abstract.

Conclusion This preliminary study may provide further evidence of the impact of obesity in the natural history of endometrial diseases. In fact, after obtaining a better metabolic status thanks to ESG, we expect to find improved response rate in our population thus allowing a fertility sparing treatments for our young and obese patients, which are known to experience a worse response compared to normal weight patients.

Disclosures Prof. Scambia has the following disclosures: receipt of honoraria or consultation fees: Covidien AG, AstraZeneca/MSD; participation in a company sponsored speaker’s bureau: Olympus Europa, Baxter Healthcare, Intuitive Surgical Inc., GlaxoSmithKline

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