node mapping were enrolled. Histological and molecular features were recorded at the final pathological evaluation and were used to predict node positivity.

Results Charts of 210 EC patients were evaluated. The study population included 178 (85%) and 32 (15%) patients with endometrioid and non-endometrioid EC, respectively. According to conventional pathological uterine characteristics, 94, 46, 41, and 32 were classified as low, intermediate, intermediate-high, and high-risk, respectively. According to molecular classification 10 (5%), 42 (20%), 57 (27%), and 101 (48%) were included in the POLE mutated, p53 abnormal, MMRd/MSI-H, and NSMP, respectively. Overall, 41 (19.5%) patients were detected with positive nodes. Molecular features were not associated with the risk of having nodal metastases (OR: 1.03 (95%CI: 0.21, 5.95; p = 0.969) for POLE mutated; OR: 0.788 (95%CI: 0.32, 1.98; p = 0.602) for p53 abnormal; OR: 1.14 (95%CI: 0.53, 2.42); p = 0.733 for MMRd/MSI-H). At multivariate analysis, only myometrial invasion (OR: 3.33 (95%CI: 1.40, 7.80); p = 0.006) and LVI (OR: 6.03 (95% CI: 2.56, 15.4); p < 0.001) correlated with nodal status. A nomogram evaluating the impact of pathological and molecular features on nodal status was built (C-index 0.78, figure 1).

Conclusion/Implications Our prospective study suggested that molecular features seem not helpful in tailoring the need for nodal dissection in EC. Further external validation is warranted.