WOULD PREOPERATIVE MOLECULAR PROFILING OF P53 MUTATION AND MISMATCH REPAIR DEFICIENCY BE USEFUL AS MARKERS TO PREDICT THE EXTENT OF SURGERY IN EARLY-STAGE ENDOMETRIAL CANCER?

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Introduction Staging operations for early stage endometrial cancer are performed uniformly, despite the fact that pathologic information can be obtained prior to surgery. According to molecular categories identified in the Cancer Genome Atlas, p53 mutation andMismatch Repairdeficiency are associated with poor prognosis. If there is a correlation between the molecular profile obtained from endometrial biopsy tissue and the extent of disease after surgery, it may be possible to personalize surgical planning.

Methods This study compared the P53 and MMR status of 173 patients with newly diagnosed and clinically staged I-II endometrial cancer who underwent surgical staging, with their final pathological results. All were classified into three groups based on their molecular profiles: abnormal p53, MMRd, and NSMP (no specific molecular profile). The presence of involvement in the cervix, adnexa, and lymph nodes was analyzed using the Kruskal-Wallis test.

Results Out of 173 patients, 17 (9.8%) were assigned to p53 abnormal group, 33 (19.1%) to MMRd group, and 123 (71.1%) to NSMP group. Among them, 18 (10.4%) had cervical involvement, 8 (4.6%) had adnexal involvement, and 8 (4.6%) had lymph node involvement. The p-values for the involvement of each group were 0.115 for cervix, 0.328 for adnexa, and 0.860 for lymph nodes, indicating no statistically significant relationship between molecular profile and disease extent.

Conclusion/Implications Molecular profiles do not seem to determine the prognosis based on the difference in stage at first onset in early stage endometrial cancer. Staging operations should follow current guidelines, but it is necessary to make efforts to individualize treatment plans based on information obtained through preoperative histology.

STUDY ON THE EFFECTIVENESS OF USING ARTIFICIAL INTELLIGENCE IMAGE RECOGNITION SYSTEM TO DIAGNOSE ENDOMETRIAL CYTOPATHOLOGY

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Introduction To explore the effectiveness of an image recognition system based on artificial intelligence (AI) in diagnosing benign and malignant endometrial cell clumps.

Methods Endometrial cytological specimens from the First Affiliated Hospital of Xi’an Jiaotong University and Xi’an Daxing Hospital from August 2021 to February 2023 were selected, and histopathology was used as the gold standard. The sensitivity, specificity, positive predictive value, negative predictive value and accuracy of AI image recognition system (AI diagnosis) and professional pathologists’ manual diagnosis (manual diagnosis) of benign and malignant endometrial cell clumps were compared and analyzed.

Results Among the 126 patients included in the analysis, the overall coincidence rate of AI diagnosis and histological diagnosis was 92.1% (116/126), which was highly consistent with histopathological results (Kappa=0.841); the overall coincidence rate of manual diagnosis and histological diagnosis was 94.4% (119/126), which was highly consistent with histopathological results (Kappa=0.889). There was no statistically significant difference between AI diagnosis and manual diagnosis (χ²= 0.568, P=0.451). The sensitivity, specificity, positive predictive value, and negative predictive value of AI diagnosis were 91.8%, 92.3%, 91.8%, and 92.3%,