death-ligand 1 (PD-L1) expression status among ISMC, usual-type EAC (UEA), and gastric-type EAC (GEA).

**Methods** PD-L1 22C3 immunostaining was performed using 20 ISMCs, 20 UEA, and 20 GEAs. PD-L1 expression was assessed using combined positive score (CPS). We examined whether there are significant differences in clinicopathological characteristics and PD-L1 expression status among ISMC, UEA, and GEA.

**Results** ISMC showed significantly younger age, more advanced stage, and shorter survival than UEA. Recurrence-free and overall survival rates of ISMC patients were comparable to those of GEA and significantly lower than those of UEA. All 20 ISMCs showed PD-L1 over-expression with a mean CPS of 43.5 (range=10–100), which was significantly higher than that of UEA (mean CPS=8.2; p=0.017) and GEA (mean CPS=6.5; p=0.004). In spite of PD-L1 over-expression, ISMC patients who treated with pembrolizumab showed no clinical responses. PD-L1 overexpression was found to be a significant predictor for RFS and OS in patients with ISMC. All examined ISMCs over-expressed PD-L1.

**Conclusion/Implications** All examined ISMCs over-expressed PD-L1. ISMC showed significantly higher PD-L1 expression than other EACs and worse survival than UEA. Our data suggest that PD-L1 over-expression is associated with poor prognosis of ISMC.

**EP201/#746**

**ASSOCIATION BETWEEN ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR STATUS AND RISK FACTORS IN POSTMENOPAUSAL WOMEN WITH ENDOMETRIOID TYPE ENDOMETRIAL CANCER**

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**Introduction** Estrogen receptor(ER), progesterone receptor(PR) status and P53 has been known as a prognostic factor in endometrial cancer. The aim of this study is to analyze the significance of P53,ER,PR status as risk factors for recurrence in postmenopausal early endometrial cancer and to provide useful information for selecting patients who require adjuvant treatment.

**Methods** A total of 122 postmenopausal patients who were diagnosed with endometrial cancer and underwent staging surgery, histological, immunohistochemical, and molecular genetic tests at Haeundae Paik Hospital from 2010 to 2022 were included in this study. Kaplan-Meier analysis was conducted to compare the recurrence rates between the subgroups.

**Results** The recurrence rate was lowest in the endometrioid subgroup without P53 mutation(3.9%), and highest in the non-endometrioid subgroup with PR negative(32.7%). When comparing recurrence rates among the four subgroups based on P53 mutation and histologic type, the non-endometrioid subgroup with P53 mutation had the highest recurrence rate (28.8%). When comparing recurrence rates among the four subgroups based on ER expression and histologic type, the non-endometrioid subgroup with ER negative had the highest recurrence rate(21.3%). Similarly, in the PR subgroup, the non-endometrioid type with PR negative had the highest recurrence rate(32.8%).

**Conclusion/Implications** In postmenopausal patients with early endometrial cancer, it was observed that the recurrence rate was lower in cases with endometrioid tumors without P53 mutation and ER(+) and PR(+). Therefore, adjuvant treatment should be considered in cases with P53 mutation or without ER and/or PR expression, especially non-endometrioid type.

**EP203/#368**

**CHARACTERIZATION OF FOLATE RECEPTOR ALPHA EXPRESSION IN NON-HIGH-GRADE SEROUS GYNECOLOGIC TUMORS**

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**Introduction** Mirvetuximab soravtansine (MIRV) is an anti-folate receptor alpha (FOLR1)-drug conjugate. Following the results of the SORAYA trail, MIRV was approved for the treatment of FOLR1-positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. All 106 participants enrolled in SORAYA had high-grade serous carcinoma tumors on histology. Here, we report FOLR1 expression in gynecologic tumor histologies not represented by the SORAYA trail.

**Methods** Archived gynecologic tumor samples from the Stanford University Department of Pathology were retrieved. Cores