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 compar-
table 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
UEA (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 sug-
gest that PD-L1 over-expression is associated with poor prog-
nosis of ISMC.

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 sur-
gery, 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 treat-
ment should be considered in cases with P53 mutation or
without ER and/or PR expression, especially non-endometrioid
type.

Introduction MIRV was approved for the
treatment of FOLR1-positive, platinum-resistant epithelial ovarian,
Fallopian tube, or primary peritoneal cancer. All 106 par-
ticipants 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 Stan-
ford University Department of Pathology were retrieved. Cores