MMRd, 16.8% p53abd, and 58.4% NSMP, with a statistically significant difference in overall survival ($p < 0.001$). According to molecular classification, the survival rate for p53abd was the lowest at 34.8%, but all 9 patients with POLEmut survived. Ten patients were reclassified downward, and five patients were reclassified upward. According to the 2020 ESGO classification, the high risk group received no adjuvant therapy in 22.8% and only brachytherapy in 3.2% whereas 16.7% of the low risk group underwent EBRT.

Conclusion/Implications In comparison to the 2016 ESMO classification, 15 of the 137 (10.9%) patients were reclassified by the 2020 ESGO new molecular classification. The use of molecular risk categories in 2020 is practical and exhibits a considerable difference in survival. IHC for TP53 and MMR and POLE sequencing can result in a considerable proportion of patients having their risk groups upgraded or downgraded.

PR040/#109 METFORMIN AS AN ADJUNCT TO PROGESTIN THERAPY IN ENDOMETRIAL HYPERPLASIA AND EARLY-STAGE ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction Metformin has been studied for its anti-proliferative effects in endometrial cells, and it is hypothesized to have a synergistic effect with progestin therapy in suppressing endometrial cell proliferation. This systematic review and meta-analysis aimed to determine the efficacy of adjunctive metformin in the clinical regression of endometrial hyperplasia and early-stage endometrial carcinoma.

Methods This meta-analysis followed the Cochrane methodology and adhered to the PRISMA 2020 guidelines. Randomized controlled trials (RCTs) were included if they enrolled reproductive-aged women with endometrial hyperplasia (with and without atypia) and endometrial carcinoma who were treated with progestin and metformin. The primary outcome was the complete response rate at 12–16 weeks, and secondary outcomes included relapse rate, clinical pregnancy rate, and live birth rate. Odds ratios (ORs) and 95% confidence intervals (CIs) were used for dichotomous data.

Results Six RCTs were included. The addition of metformin to progestin therapy may increase the complete response rate of endometrial hyperplasia without atypia (OR 5.12, 95% CI 1.17 to 22.41; n=102) and live birth rates (OR 2.51, 95% CI 1.34 to 4.69; n=188) compared to progestin therapy alone, but the certainty of the evidence is low. Metformin did not have a significant effect on the clinical response of endometrial hyperplasia with atypia and endometrial carcinoma, relapse rates, and clinical pregnancy rates.

Conclusion/Implications Current evidence is uncertain on the potential benefit of metformin with progestin in endometrial hyperplasia and carcinoma. Future high-quality randomized controlled trials with larger sample sizes and longer follow-up periods are needed to support practice recommendations.

PR041/#821 LOW ACCURACY OF PREOPERATIVE SAMPLING FOR DIAGNOSING UTERINE CARCINOSARCOMA

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Introduction Uterine carcinosarcoma (UCS) is a histological subtype of endometrial cancer, with a biphasic morphology. This challenges diagnosing UCS accurately pre-operatively via aspiration biopsy, hysteroscopic biopsies, or dilatation and curettage. This is important as preoperative diagnosis of UCS

Abstract PR041/#821 Table 1 Results of diagnostic values in endometrial sampling methods

Preoperative diagnostic test [N](%)	Sensitivity (%)	Specificity (%)	Positive predictive value (%)	Negative predictive value (%)
Aspiration biopsy 714 (40.5)	30	82	85	26
Hysteroscopic guided biopsy 56 (3.2)	30	78.9	73	37
Dilatation and curettage 111 (6.3)	38	67	78	26
Second aspiration biopsy 45 (2.6)	29	91	91	29
Overall preoperative diagnostic tests 1266 (71.8)	35	74	81	27