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EPOSTER VIEWING: AS04 ENDOMETRIAL/UTERINE CORPUS CANCERS

DEFINING PROGNOSTIC RISK GROUPS AMONGST PATIENTS WITH ENDOMETRIAL CANCER: RESPECTIVE ROLE OF 2009 FIGO STAGE AND MOLECULAR PROFILE

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Objectives: Endometrial cancer (EC) is the most common gynaecological neoplasia in developed countries. Though most patients have a favourable prognosis, 15-20% suffer from a disease with a high risk of relapse and distant metastases, responsible for the majority of cancer-related deaths. While total hysterectomy remains the first-line treatment, pelvic lymph node staging is performed routinely. In recent years, the implementation of molecular classification has changed the approach of risk stratification for EC patients. Herein, we assess the respective impact of histological variables including lymph node status (i.e FIGO stage) and molecular biology in the definition of high-risk patients.

Methods: We conducted a monocentric retrospective study of 166 consecutive patients treated for EC at the University Hospital of Liège, between January 2019 and December 2021. Twenty-seven patients were excluded. Of the remaining 139, 23 patients were allocated to the high-risk group on the basis of histological variables including nodal status or p53 alterations in immunohistochemistry and/or TP53 mutations in molecular biology.

Results: All histological types and grades were represented. Four patients were classified as high-risk due to p53 mutation alone; 10 by FIGO stage III alone and 3 by both. Three patients were defined as high-risk because of myometrial invasion in non-endometrioid endometrial carcinomas (NEEC). The remaining three patients had a p53 mutation associated with myometrial invasion in NEEC.

Conclusions: In our cohort, histological variables define a high-risk patient six times more frequently than molecular biology. FIGO stage remains dominant in our decision making for adjuvant treatment of EC patients.