EPV138/#609 SENTINEL LYMPH-NODE IN AGED ENDOMETRIAL CANCER PATIENTS 'THE SAGE STUDY': A MULTICENTER EXPERIENCE

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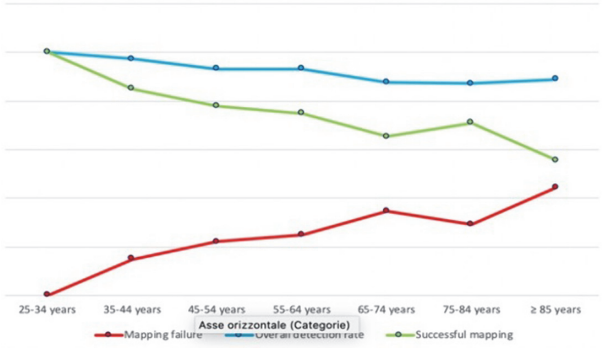
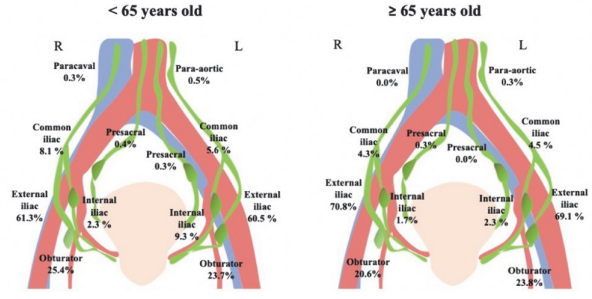
Objectives The prevalence of Endometrial Cancer (EC) progressively increases with age, therefore, with the general aging of the population, we will have to treat a rising number of patients defined as 'elderly'. The main study goal was to assess the overall detection rate, the bilateral mapping, and the mapping failure rate in elderly patients, and to evaluate SLN anatomical distribution and predictors for mapping failure.

Methods A cohort of patients with apparently early-stage EC undergoing SLN biopsy between May-2015 and March-2021, in 4 Italian referral Cancer-Center, were retrospectively retrieved. The study population has been divided into women under and over 65 (Group-1 and 2).



Abstract EPV138/#609 Figure 1 Bionominal logistic regression analysis for 10 year age increase
Univariate analysis per 10 year age increase
Mapping failure risk: OR: 1.280 (95% CI: 1.108-1.479, p=0.001)
Overall detection rate: OR 0.726 (95% CI: 0.577-0.913, p=0.006)
Successful maping rate: OR 0.781 (95% CI: 0.676-0.902, p=0.001)



Abstract EPV138/#609 Figure 2 Anatomical localizations of sentinel lymph nodes

Results Eight-hundred-forty-four women were enrolled (group 1: 449, group 2: 395). A 1.280-fold increase in the risk of failed mapping per 10-year-old increase (OR: 1.280, p=0.001) and a decrease of both overall detection rate and bilateral mapping were found (respectively OR: 0.726, p=0.006 and OR 0.781, p=0.001) (figure 1). A decreased SLN mapping along the 'uncommon sites' was noted in older women (left hemiplevis: 15.7% vs 7, 1%, p <0.001; right hemiplevis 13.2% vs 8.6%, p =0.058) (figure 2).

Conclusions Age represented an independent predictor of unsuccessful mapping and affects the anatomical distribution of the SLN leading to a stepwise reduction of 'uncommon' mapping sites.

EPV139/#616 TP53 MUTATIONS DIFFERENTIALLY AFFECT PROGNOSIS OF ENDOMETRIAL CANCER: AN IN-SILICO APPROACH

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Objectives The Cancer Genome Atlas cohort of endometrial carcinoma (TCGA-UCEC) consists of 40.3% (214/530) of TP53-mutants. TP53 mutation-spectrum consists of missense and truncated mutations yielding loss-of-function/gain-of-function (GOF) and only loss-of-function effects, respectively. of the four TCGA-defined molecular categories, namely, prognostically superior POLE, MSI, 'copy number low' and prognostically worst 'copy number high', the last includes TP53-mutants. We have compared progression free survival (PFS) among missense, truncated and most frequent GOF TP53-mutants, in the context of overlapping mutations in POLE and/or MSI-specific genes.

Methods Our study is based on mutation-analysis from TCGA-UCEC categorizing cases into TP53-mutants, POLE-mutants and MSI-specific gene-mutants. Mutational overlap is termed as 'mixed'. MSI-status is based on mutations in MSH2/MSH3/MSH6/MLH1/MLH3/PMS1/PMS2.

Results PFS of TP53 truncated-only (n=37) and TP53 truncated-mixed (group-A) (n=12) differed significantly (p,log-rank=0.013) unlike that among TP53 missense-only (n=123), TP53 truncated-only, and TP53 missense-mixed (n=21) (p,log-rank=0.305). GOF TP53 Y220C (group-B) (n=6) depicted better PFS. There was no difference in PFS of group-A or group-B from those having POLE mutated wild-type TP53 (group-C) (p,log-rank=0.582) (n=9). Together, group-A and group-B showed lower risk (HR=0.087; 95%CI = 0.012 - 0.638; p=0.016) and better PFS compared to other TP53 mutations (p,log-rank=0.010).

Conclusions Clinically, group-A and group-B behave like group-C, having better prognosis. Therefore, these patients may escape adjuvant therapy despite their TP53-mutant status. The subset of cases who would benefit from this comprise 8.41% (group-A + group-B = 18/214*100) of the TP53-mutant cases or 3.39% (group-A + group-B = 18/530*100) as opposed to the repoetedly acclaimed 1.69% (group-C = 9/530*100) of total cases.