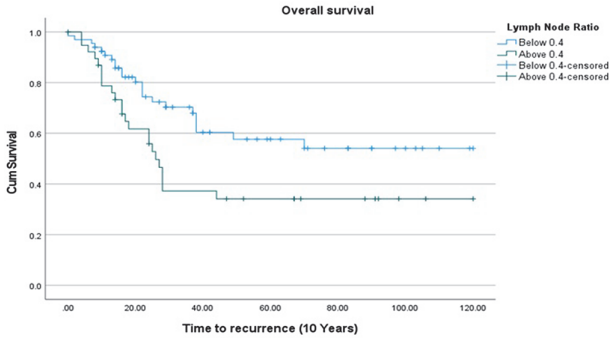
PPLNR<0.4. No other clinically significant differences were found between the groups.



Abstract #554 Figure 1 The 10-year Overall Survival rate

Conclusion Our data suggest that PPLNR can be used as another prognostic tool in women with advanced EC. Future studies will help to define a precise threshold of PPLNR to implement this prognostic factor in daily practice.
Disclosures There is no conflict interest.

#560 THE RELATIONSHIP BETWEEN TUMOR MEAN STANDARD UPTAKE VALUE (SUVMAX) IN PREOPERATIVE PET/COMPUTED TOMOGRAPHY AND PROGNOSTIC RISK GROUPS IN ENDOMETRIAL CANCER

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Introduction/Background Our aim in this study was to determine the relationship between tumor mean standard uptake value (SUVmax) value in preoperative PET/computed tomography (CT) and prognostic risk groups in cases with endometrial cancer.
Methodology A total of 368 patients operated on for endometrial cancer were evaluated in the study. The SUVmax value of endometrial primary tumor of the patients screened within 30 days of operation, was compared with prognostic parameters and risk groups. P value <0.05 was considered significant for all tests.
Results A statistically significant relationship was found between the mean SUVmax value and risk groups (p<0.001), grade (p<0.001), stage (p< 0.001), myometrial invasion of the tumor (p<0.001), cervical involvement (p=0.002), lymphovascular space invasion (LVSI) (p<0.001), lymph node metastasis (p<0.001), tumor size (p<0.001), lymph node involvement in PET/CT (p<0.001). There was no significant relationship found between the histologic type of tumor and the mean SUVmax value (p=0.113). Cutoff SUVmax value for endometrial cancer tumor tissue, which will be used to determine the possible lymph node metastasis, was accepted as 19 as a result of the ROC analysis. The risk of lymph node metastasis was found 4.74 times (confidence interval, 2.510–8.977) higher in patients with SUVmax value above cutoff 19 (p<0.001). Considering risk groups, it was observed that patients with mean SUVmax value above 19 were in intermediate-high and high risk group, 2.3 times more than those in low and intermediate risk group (p< 0.001). As a result of logistic regression analysis, in determining intermediate-high and high-risk groups, histological type (p<0.001), myometrial invasion (p=0.003), cervical invasion (CI) (p<0.001), grade (p=0.018) and SUVmax value (p=0.028) had statistically significant importance.
Conclusion Since low and high risk groups have a significant difference in treatment management and prognosis, it might have a great importance for patients to determine this difference with PET/CT in the preoperative period.
Disclosures The higher the mean SUVmax value in the endometrial cancer tumor tissue in preoperative PET/CT in patients with endometrial cancer, the higher the risk group of the patients.

#562 NODAL STAGING IN ENDOMETRIAL CANCER SURGERY: WHICH ROLE IN THE MOLECULAR CLASSIFICATION ERA?

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Introduction/Background According to 2020 ESGO/ESTRO/ESP guidelines, nodal assessment contributes to define high-risk (HR) endometrial cancer (EC) and the choice of adjuvant treatment for high-intermediate risk (HIR) cases. However the growing role of molecular classification in defining prognostic groups and adjuvant therapies might reduce the importance of nodal staging.

Aim of this study was to assess the contribution of nodal staging in defining prognostic groups and adjuvant therapies in EC patients submitted to surgery.
Methodology The study population included 57 women submitted to surgery between 2020 and 2023 at our institution for presumed stage I-II EC, with postoperative diagnosis of HIR (11 patients) and HR (46 patients) disease.

The contribution of nodal staging in the definition of prognostic groups was assessed by reviewing HR patients to identify those without any other feature of such class (non-endometrioid EC, p53abn immunohistochemistry, T3-T4 disease). HIR cases were reviewed to assess which treatment would have been recommended by guidelines if nodal staging data were not available.
Results In 2/46 women (4.3%), allocation to HR class relied exclusively on positive nodal staging.

Among HR patients, chemotherapy (CT) and external-beam radiotherapy (EBRT) were proposed in 40 cases. Without nodal staging, both would have been omitted in 1/40 case (2.5%).

Among HIR patients, CT was proposed in all cases; in pNx patients, unavailability of nodal staging might have caused CT omission in 1/11 case (9.1%), while it probably would not have changed indications to EBRT. In pN0 patients, CT and EBRT would have been considered due to lymphovascular space invasion.

Unavailable nodal staging could globally be related to omission of CT in 2/57 patients (3.5%) and of EBRT in 1/57 patients (1.8%).

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