experienced gynecologic pathologist. Data were retrieved from the medical records, including gynecologic data, sonographic findings, surgical and pathological results. The prevalence of endometrial carcinoma in such patients was calculated. Various characteristics were used to determine the associated risk factors.

Results: Ninety-eight patients were analyzed. Twenty-nine patients (29.6%) were subsequently diagnosed with stage I endometrial carcinoma after hysterectomy. The hysterectomy pathologies of 69 patients (70.4%) were EIN and other benign diagnoses. The majority of patients who diagnosed with endometrial carcinoma were pre-menopause (80%, $p=0.458$) and nulliparous (70%, $p=0.045$). Endometrial thickness greater than 2 cm and body mass index (BMI) greater than 30 kg/m² were demonstrated as two associated risk factors for occult endometrial carcinoma with the odds ratio of 9.7 and 2.5, respectively.

Conclusion: Occult endometrial carcinoma was observed in approximately one-third of the patients with pre-operative EIN diagnosis. Endometrial thickness greater than 2 cm and BMI greater than 30 kg/m² were associated risk factors for occult endometrial carcinoma.

Poster (E17)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

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A window of opportunity study of nivolumab in early-stage endometrial cancer patients with MMRd who had failure after progestins for fertility-sparing treatment (NIVEC)

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Background: National Comprehensive Cancer Network guidelines recommend high-dose progesterone for fertility-sparing treatment only for patients with clinical stage IA, grade 1 without myometrial invasion. In patients with treatment failure from progestins, there is no treatment option except hysterectomy, even if the patients want to preserve the uterus. Recently, some studies evaluated the role of prognostic significance of the Proactive Molecular Risk Classifier for endometrial carcinoma classification infertility-sparing management of endometrial cancer. They showed that patients with mismatch repair deficiency (MMRd) had a lower response rate than those with mismatch repair proficiency with hormone therapy. MMRd tumors are known to be highly immunogenic

and of great interest for immune checkpoint inhibitor. Results from a phase I/II study (CA209003/MDX1106-03) indicate that nivolumab (BMS-936558; anti-PD-1 monoclonal antibody) is active in multiple tumor types. In this regard, we suggest a single-arm phase II study investing the efficacy of nivolumab in the fertility-sparing management of endometrial cancer patients with MMRd who had failure with progestins.

Methods: Early-stage endometrial cancer patients with MMRd who had failure after progestins for fertility-sparing treatment and desire to preserve fertility was offered nivolumab. Approximately 8 patients will be included from 6 centers in Korea for 3 years. The primary endpoint of the study is to determine the efficacy of nivolumab by assessment of complete response.

Poster (E18)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

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Prognostic factor of pretreatment thrombocytosis to endometrial cancer in Bhumibol Adulyadej Hospital

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Background: Endometrial cancer (EC) is the 6th most frequent of cancer in the world. GLOBOCAN in year 2020 reported that 417,367 new cases of endometrial cancer worldwide. In Thailand, EC is the 6th most frequent cancer after breast, colon, cervix, liver, and lung cancers. There were 4,524 new cases of EC in Thai women in year 2020. Current treatment of EC is total hysterectomy with bilateral salpingo-oophorectomy. Bilateral pelvic lymphadenectomy, omentectomy, and paraaortic lymph node (LN) sampling were needed for surgical staging in EC. Adjuvant radiotherapy or concurrent chemoradiation (CCRT) was designed after corrected staging of EC. According to the International Federation of Gynecology and Obstetrics (FIGO) stage, histopathology, histological grading, depth of myometrial invasion (MI) and present of lymph-vascular invasion (LVSI) were the prognostic factors of EC. Previous studies had demonstrated that thrombocytosis was the poor prognostic factor of many cancer including ovary, cervix, vulvar, and breast. Thrombocytosis was also the prognostic factor in EC that affected disease-free survival (DFS) and overall survival (OS). In the present study, the association of pretreatment