

patients ($p=0.047$). Similarly 22.2% of MMR-DM (6/27) and MMR-I (16/72) groups recurred at advanced stages (III/IV) ($p=1.0$). Median time to recurrence was 17.5 months for MMR-DM (IQR 9.6,25.29) vs. 22.7 months for MMR-I (IQR 16.6, 29.6). RFS was significantly lower for MMR-DM vs.MMR-I ($p=0.01$). There was no significant difference in OS between MMR-I and MMR-DM. There was an observed difference in the incidence of locoregional or distant recurrence between MMR-I tumors vs.MMR-DM tumors, with proportionately more distant recurrences in the MMR-I group (30% (9/30) vs. 50% (9/18) locoregional, and 70% (21/30) vs. 50% (9/18) distant recurrences).

Conclusions: ECs with MLH-1 hypermethylation are associated with known adverse prognostic factors including older age, higher grade, LVSI, and myometrial invasion $>50\%$. These tumors have a higher rate of recurrence overall (including those with early stage disease) and a significantly lower RFS versus sporadic EC. MMR-DM status appears to be an important prognostic factor to consider in patient counseling and treatment decision making.

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Abstract #27

The growing burden of endometrial cancer: A major racial disparity affecting hispanic women

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Objectives: Hispanics represent the largest and fastest growing ethnic minority group in the U.S. South Texas has a large Hispanic “minority” population which raises the concern for poorer health outcomes. We sought to compare the age-adjusted incidence rates and annual percent changes (APCs) of endometrial cancer in four geographically distinct Hispanic populations.

Methods: We used data from the U.S. SEER Program and the Texas Cancer Registry to calculate annual age-adjusted endometrial cancer incidence rates and APCs for Hispanics and non-Hispanic whites (NHW) in the U.S., Texas, South Texas, and Bexar County (San Antonio) between 2000 and 2014. APCs were derived using weighted least squares point-estimation; trends were tested for statistical significance using SEER*Stat.

Results: For the time period 2000 to 2014 the age-adjusted endometrial cancer incidence rates per 100,000 for NHW versus Hispanics were 23.9 versus 17.7 for SEER, 17.62 versus 16.87 for Texas, 19.0 versus 18.16 for South Texas, and 20.95 versus 21.01 for Bexar County. The APCs for NHW versus Hispanics were 0.8 versus 2.0 for SEER, 0.79 versus 1.79 for Texas, 2.01 versus 2.23 for South Texas, and 2.29 versus 2.39 for Bexar County. The APCs were the highest for the Hispanics under age 50; 2.5 for SEER, 3.5 for Texas, 4.1 for South Texas, and 4.1 for San Antonio. The APCs were lower for Hispanics over age 50; 1.9 for SEER, 1.2 for Texas, 1.5 for South Texas, and 1.7 for Bexar County.

Conclusions: Endometrial cancer is typically thought to be a cancer of postmenopausal Caucasian women. However in Texas, particularly in South Texas and Bear County, we found the incidence rates to be equal or higher in Hispanics than NHW. From 2000 to 2014 the incidence of endometrial cancer increased in both Hispanics and NHWs in the 4 populations, but more so in Hispanics. Compared to the SEER population, the incidence of endometrial cancer in Hispanics increased as one moved from Texas as a whole, to South Texas, to Bexar County. The most significant increase in endometrial cancer incidence was seen in the younger Hispanic patients from 2000 to 2010 in all 4 populations. More research needs to be focused

on the young Hispanic population to determine unique risk factors and potential interventions.

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Abstract #28

The rate of incidental uterine malignant and premalignant lesions at supracervical hysterectomy for uterovaginal prolapse

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Objectives: To determine the incidence of unexpected malignant or premalignant lesions at time of supracervical hysterectomy (SCH) performed for uterovaginal prolapse (UVP).

Methods: We performed a retrospective cohort study of patients who underwent a SCH with preoperative diagnosis of UVP at a single academic hospital between January 1, 2009 and December 31, 2016. Diagnosis was based on the attending surgeon's primary indication for surgery. Women were excluded if they had another indication. Demographic information and the incidence of unexpected malignant and premalignant lesions was determined.

Results: From 2009- 2016, 7,883 hysterectomies were performed at our institution. Of those, 281 SCH were performed after a preoperative diagnosis of UVP. Twenty-three or 8.2%, had pre-operative uterine sampling within one year prior to the procedure. None of these patients had a malignant or premalignant finding on final pathology. Demographic and surgical data is presented in Table 1. Overall, three SCH patients, or 1.06%, were found to have an unexpected malignant or premalignant findings on final pathology. Two patients were diagnosed with endometrial cancer (both stage 1A, grade 1) and one patient had complex hyperplasia with atypia. One patient underwent subsequent trachelectomy and one patient had close surveillance after opting not to have radiation therapy. Removing patients with benign preoperative sampling, the rate of unexpected findings was 1.16%. There were no demographic characteristics that increased the risk of finding a malignant or premalignant condition on final pathologic diagnosis, which was likely due to the small number of cases.

Conclusions: To our knowledge, this is the first large study examining the risk of underlying malignant and premalignant lesions in women who have a SCH for UVP. Women who are having routine SCH for UVP should be counseled that the rate of incidental uterine malignant and premalignant lesions is approximately 1%.

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Abstract #29

Referral to a weight loss specialist is associated with long-term weight control in endometrial cancer survivors: Long-term follow-up of a prospective cohort study

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Objectives: To prospectively evaluate the long-term effects of medical and surgical weight loss referral of endometrial cancer survivors.

Methods: From December 2013 to May 2015, women ages 18-65 years with complex atypical hyperplasia or stage I-II endometrioid adenocarcinoma and a body mass index (BMI) $\geq 30\text{kg/m}^2$ were prospectively enrolled at 3 hospitals in an academic health system. Exclusion criteria included non-endometrioid histology, poorly