



Understanding of new FIGO staging of endometrium

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Point 1

“Histopathological findings are central features of 2023 FIGO staging of endometrial carcinoma”

Risk stratification and management based on

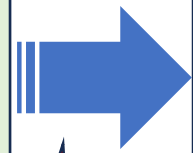
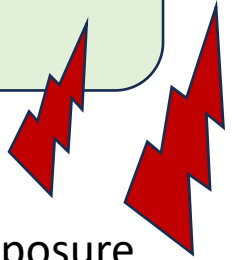
- Routine H&E examination
- Molecular classification

Clinician's side

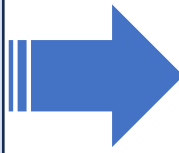
- Initial handling of specimen
- Cutting/opening uterus
- Fixation in formalin

Cold ischemia time

Delayed formalin exposure



Optimal preservation of tissue



Pathologist's side

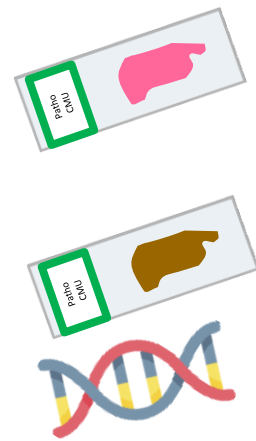
- Gross examination
- Tumor sampling
 - At least 1 section/1 cm

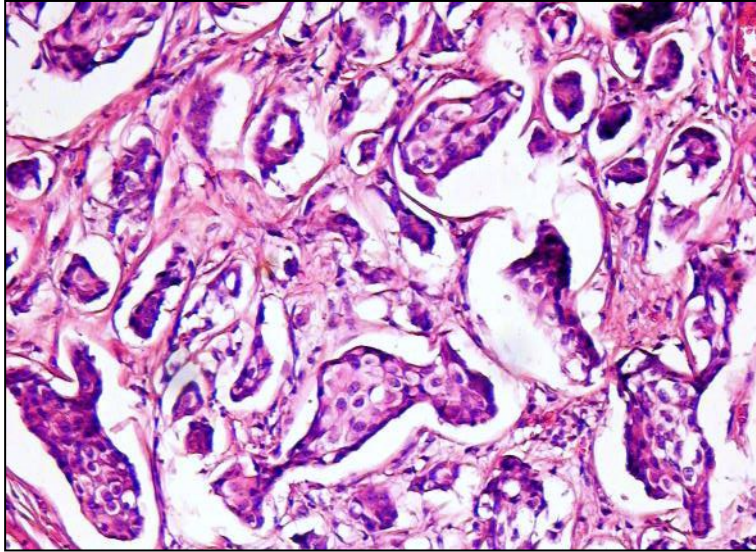


Histological parameters:
Type / Grade / Invasion / LVSI

+ / -

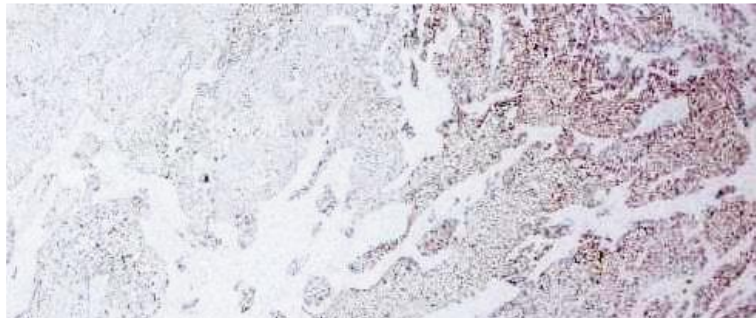
Molecular classification





Compromised tissue preservation can affect pathological evaluation

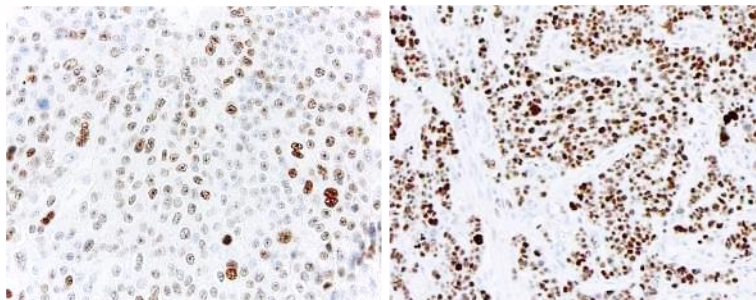
Retraction artifact may affect **LVS1** evaluation and counting



If surgical specimen needs to be used for molecular classification (endometrial biopsy/curettage not available)

Antigen degradation may affect IHC result

Example: p53 pattern: Wild-type VS Abnormal



DNA degradation may affect mutation/molecular studies

Clinicians' contribution to specimen handling
is important for pathological evaluation



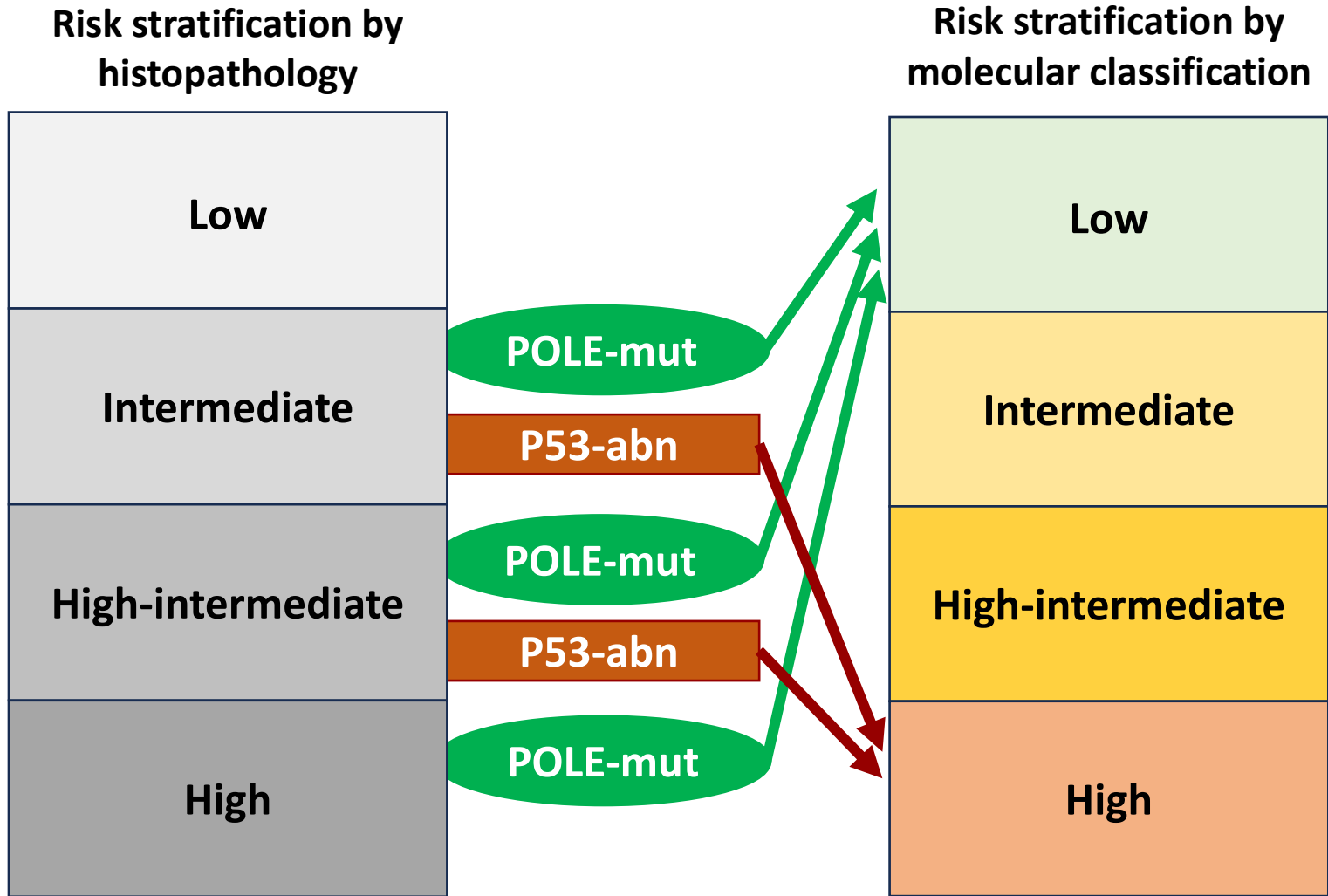
Patients

Point 2

The use of molecular classification

- Costs of testing may be a limitation for the use molecular classification in limited-resource settings
- Testing for POLE pathogenic mutation costs higher than IHC (MMR, p53)
- Testing for 5 hotspot mutations (2020 WHO) may detect over >90% of POLEmut endometrial carcinoma (PMID: 37229628)
 - Sanger sequencing for hotspots: much lower cost than NGS
- May this make molecular classification useful for stage I-II endometrial cancer in limited-resource settings?

Stage I-II 2021 ESGO/ESTRO/ESP guidelines



Budget for management

Cost +

Cost -

- POLE testing \approx Omission of adjuvant treatment
↓
Indirect: Reduce complication of adjuvant treatment
- Calculation using cases in our institution

- Testing
 - Intensive treatment for p53abn
- Indirect: Better outcomes

Point 3

Adnexal involvement in endometrial cancer

- Synchronous endometrial and ovarian low-grade endometrioid CAs with ‘**stage IA3**’ conditions have favorable prognosis (although clonally related or likely representing ovarian metastasis)
 - Limited ability for widespread metastasis
- Intraluminal tumor fragment is not considered for staging (**not stage IIIA1**)
- “Tubal intramucosal spread has controversial prognostic significance”
- For patients with low-grade endometrioid CA, myometrial invasion <inner half, without substantial LVSI
 - Tubal mucosal involvement, without muscular wall invasion
 - Some had previous tubal sterilization
- Is there any choice for conservative management?

