# Prognostic importance of selected molecular immunohistochemical markers and DNA ploidy in endometrial cancer

## Material and Methods

The study included 135 patients with histopathologically proven endometrial carcinoma. The diagnosis was based on the examination of bioptic material obtained by diagnostic hysteroscopy or D&C. The patients underwent surgery which in

Table 1. — *Tumour grades.*

| | | | |
|---|---|---|---|
| G1-3 | | 135 | |
| | G1-2 | 113 | 83.7% |
| | | euploid 48 | 42.5% |

Table 2. — *Figo stages.*

| | | |
|---|---|---|
| Figo I-IV | 135 | |
| Figo IA+IB | 58 | 43.0% |

events in the initial phase of cancerogenesis are changes in activation prooncogenes, inactivation of tumour suppressor genes, microsatellite instability, aneuploidy, point mutations, translocations, amplification, loss of heterozy-

very often and its increased expression correlates with the clinical stage of disease, poor prognosis and aggressive histopathological types of tumour [6, 7, 11-14]. Our results show almost three times higher values in poorly

nostic factor [38-42]. In the prognostically borderline cases (FIGO IC, G1-2) the determination of ploidy can contribute to the decision about adjuvant therapy.

In our group of patients the aneuploid forms of kary-

[9] Mičková I., Pilka R., Lubuský M., Kudela M.: "Molekulární prog-

[23] Larson D.M., Berg R., Show G., Krawisz B.R.: "Prognostic sig-