Abstract 16 Table 1

Pt	Tumor Size (cm)	LVSI	Pelvic Node	Vaginal Margin	Grade	Histology	First 10	Carcinomatosis
N=90	1.7±1.1	44(49%)	16(18%)	4 (4%)	2≥ = 62 (69%)	Adeno= 40 (44%) Squam= 50 (56%)	40	-
1	2	Yes	No	Yes	3	Squamous	Yes	No
2	4	No	No	No	2	Adenocarcinoma	Yes	No
3	2.6	Yes	Yes	No	3	Squamous	Yes	No
4	2.5	No	Yes	No	1	Adenocarcinoma	Yes	No
5	2	Yes	No	Yes	3	Adenocarcinoma	Yes	Yes
6	2.6	Yes	No	No	3	Adenocarcinoma	Yes	Yes
7	3	Yes	No	No	3	Adenocarcinoma	No	Yes
Total Recur N=7	Median= 2.7 cm	5 (71%)	2 (29%)	2 (29%)	2≥ = 6(85%)	Adeno= 5 (71%) Squam= 2 (29%)	Yes= 6 (85%)	Yes= 3 (43%)

(7%) squamous (p=0.057). Three recurrences had carcinomatosis with mean DFS and OS of 5.3 ±2.3(95% CI ±4.5) and 28.3±30.9(95% CI ±60) months compared to 17.8±6.3(95% CI ±13) and 80.6±48.6(95% CI ±95.2) months for cases with local/pulmonary metastasis(n=4) (p=0.014). Using a multiple logistic regression model, adenocarcinoma(p=.024) and first 10 experience cases(p=0.048) remained significant for recurrence.

Conclusions Early stage CC treated with RRH has a unique pattern of recurrence with carcinomatosis that results in shortened DFS. Recurrences were associated with adenocarcinoma and first 10 cases of surgeon experience.

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17 STANDARD ULTRASTAGING (SU) COMPARED TO ONE-STEP NUCLEIC ACID AMPLIFICATION (OSNA) FOR SENTINEL LYMPH NODEMETASTASIS DETECTION IN ENDOMETRIAL CANCER PATIENTS: A RETROSPECTIVE LARGE COHORT COMPARISON

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Objectives We compared the traditional ultrastaging (SU) with the one-step nucleic acid amplification (OSNA) for the detection of sentinel lymph node (SLN) metastasis in women with apparent early stage endometrial carcinoma (EC).

Methods All women were surgically staged including SLN mapping. Nodes were cut perpendicular to the long axis and two adjacent 5 mm sections were cut at each of 2 levels 50 mm apart, and one slide was stained with H&E and the other with immunohistochemistry using the AE1/AE3 anticytokeratin antibody, and one negative control slide for a total of five slides per block. For OSNA analysis, the 2mm sections of the SLN were homogenized to form a lysate that was centrifuged and inserted into the RD100i instrument where for the isothermal amplification of CK19 mRNA.

Results Totally 409 patients were included in the analysis (183 OSNA, 226 SU). Overall, 3521 lymph nodes were removed, of those 871 SLN's (24.7%) were identified (381 OSNA, 490 SU). Sixty patients had metastasis on SLN's (26 OSNA, 34 SU). Macrometastasis, micrometastases, and ITC were 25.7%, 68.6% and 5.7% for OSNA; 48.1%, 36.5% and 15.4% for SU (p = 0.015). ITC alone were recorded in 7 women (2 OSNA, 5 SU).

Conclusions The OSNA assay detected a higher rate of micrometastasis and a lower rate macrometastasis and ITC compared to SU. The clinical and prognostic impact of ITC is still controversial. Further studies are needed to clarify the clinical impact of the OSNA assessment technique and the prognostic impact of ITC in patients with stage I EC.

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18 LATE PERSISTANT SUBSTANTIAL PATIENT REPORTED SYMPTOMS (LAPERS), AFTER RADIO(CHEMO)THERAPY AND MRI IMAGE-GUIDED ADAPTIVE BRACHYTHERAPY FOR LOCALLY ADVANCED CERVICAL CANCER IN THE EMBRACE STUDY

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Objectives To report on patterns of morbidity from the EMBRACE prospective study on MRI image-guided, adaptive brachytherapy in locally advanced cervical cancer, using a novel method to identify patients with **LA**te, **PER**sistent, Substantial treatment-related symptoms (LAPERS).

Methods EORTC QLQ-C30 + CX24 were analyzed in 657 patients out of 1416 patients within the EMBRACE study