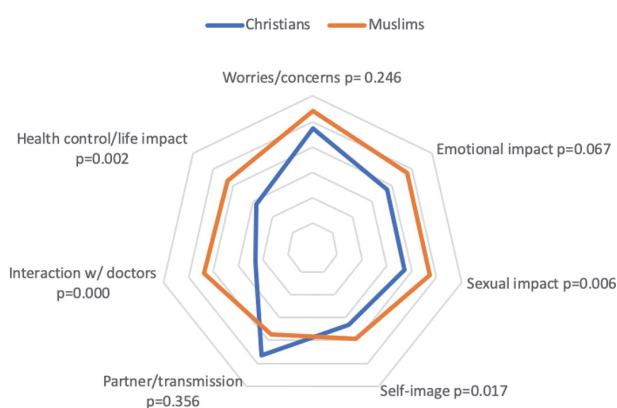


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Distribution modes	Domains	Items	α Cronbach Coefficients	Modifications (remaining items)	α Cronbach Coefficients
Standard domains	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19, 20	0.828		
	Emotional impact	Items 2, 3, 5, 8, 14	0.571	Items 2, 3, 5 & 8	0.812
	Sexual impact	Items 24 & 25	-0.020	No possible modifications	
	Self-image	Items 1, 10, 11 & 23	0.267	Items 11 & 23	0.706
	Partner/transmission	Items 9, 21 & 22	0.440	Items 21 & 22	0.751
	Interaction w/ doctors	Items 27, 28 & 29	0.33	Items 28 & 29	0.706
Adapted domains	Health control/life impact	Items 4, 6 & 26	0.363	Items 4 & 6	0.795
	Worries/concerns	Items 7, 12, 13, 15, 16, 17, 18, 19 & 20	0.828		
	Emotional impact	Items 2, 3, 5, 8 & 14	0.798		
	Sexual impact	Items 24 & 25	0.669		
	Self-image	Items 1, 10, 11 & 23	0.680		
	Partner/transmission	Items 9, 21 & 22	0.523	Items 21 & 22	0.751
	Interaction w/ doctors	Items 27, 28 & 29	0.611	Items 28 & 29	0.706
	Health control/life impact	Items 4, 6 & 26	0.694		



Abstract 186 Figure 1

conducted on these domains. Then, the Composite Reliability (CR) and the Average Variance Extracted (AVE) of all the domains were analyzed as well as the Heterotrait-monotrait ratio of correlation. Finally, a statistically significant correlation was found between the total scores of the HIP and professional status and religion.

Conclusion The final version of the HIP presents good psychometric properties, allowing its use in clinical trials as well as in clinical practice in order to evaluate the quality of life in women with HPV.

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COMPARING LYMPH NODE STAGING MODALITIES IN HIGH RISK ENDOMETRIAL CANCERS: PERIOPERATIVE AND LONG-TERM CLINICAL OUTCOMES IN A COMMUNITY-BASED COMPREHENSIVE CANCER CENTER

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Objectives There is limited data on survival outcomes for patients with high risk endometrial cancer (EC) undergoing sentinel lymph node (SLN) mapping to evaluate lymph node metastasis. Our study aims to compare operative and survival outcomes in high risk EC patients who underwent SLN mapping or lymphadenectomy (LND).

Methods From 2014–2020, we retrospectively compared all patients with pathology confirmed grade 3 or type II EC histology who underwent SLN or LND as part of their staging surgery. Kaplan-Meier estimates and Cox regression models were used to analyze and predict recurrence and survival outcomes.

Results 258 charts were reviewed. 102 and 103 patients were included in the SLN and LND groups, respectively. Demographics, cancer stage and histology were not statistically different between groups ($p>0.05$). SLN detection rate was 97.1%. Bilateral mapping was achieved in 87.3% of patients. Nodal metastasis occurred in 22.5% in the SLN group and 24.3% in the LND group ($p>0.05$). Rates of adjuvant therapy were similar. Median follow up for the SLN group was 13.5 months and 15.5 months in the LND group. PFS rates were 75.7% and 78.0% ($p=0.67$) and OS rates were 91.3% and 91.7% ($p=0.58$) for SLN and LND groups, respectively. A multivariate cox proportional hazards regression showed stage I disease was protective against recurrence (HR 0.24, 95% CI 0.08–0.72) and death (HR 0.13, 95% CI 0.02–0.84)

Conclusions This preliminary data demonstrates a high SLN detection rate in patients with high risk EC and no significant differences in PFS or OS as compared to LND.

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SEX CORD TUMOR WITH ANNULAR TUBULES: ABOUT FOUR CASES

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Introduction Sex cord tumor with annular tubules (SCTAT) represents less than 1% of ovarian neoplasms. It includes two forms; a form associated with Peutz-Jeghers syndrome (PJS) which is usually benign, and the other one, sporadic, with malignant behavior. We aim to study the clinical, radiological, and pathological particularities of SCTAT.

Methods We report four cases of SCTAT treated in Salah Azaiz Institute of Oncology, Tunis, Tunisia between 2000 and 2013.

Results The average age was 30 years, ranging from 4 to 76 years. The age of our patients ranged from 10 to 32 years. One of our patients had a concomitant diagnosis of PJS. The tumor was unilateral in all cases and was revealed by precocious puberty in one case. Gross findings showed a solid tumor, with a yellow cut surface. The size ranged from 0,5 to 28 cm. The morphological features were characteristic but intermediate between granulosa and Sertoli cells. Immunohistochemistry showed that tumor cells expressed inhibin and calretinin. The treatment was surgical, often conservative.