

Kaplan-Meier Curves and compared using log-rank test. Statistical significance was considered for $p < 0.05$.

Results Of the 47 patient of our cohort 33 (70%) underwent laparoscopy, whereas 14 patients were treated with laparotomy (30%). There was no difference in mean age ($p=0.86$), mean BMI ($p=0.76$) and comorbidity index ($p=0.96$) between the two groups. Histopathological features were also similar in terms of histological type ($p=0.32$), LVSI ($p=0.15$) and depth of myometrial invasion ($p=0.07$). Patients in both groups received similar adjuvant treatment ($p=0.11$). There was no difference on overall ($p=0.606$) and cancer specific survival ($p=0.564$) between the two groups. The estimated overall 5-year survival was 65.5% for the laparoscopy and 50% for the laparotomy group and the disease specific 5-year survival 79.3% and 67.7% respectively.

Conclusion In our study we did not find any difference in overall and cancer specific survival between the two approaches. To clearly identify any potential adverse outcomes in relapse or survival terms regarding minimal invasive compared to open surgery in stage II endometrial cancer a prospective randomized trial is required.

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SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER

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Introduction/Background Sentinel lymph node biopsy (SLNB) is increasingly replacing pelvic lymphadenectomy as part of surgical management of endometrial cancer, due to its high sensitivity and negative predictive value (NPV). This reduces the risks of intra- and post-operative complications. This retrospective service review aims to assess the technique and success rate of SLNB as performed in Royal Preston Hospital.

Methodology 134 patients were identified as having consented for SLNB as part of their surgery to treat endometrial cancer. Data collected included patient demographics, the actual procedure they underwent on both left and right sides, as well as subsequent histopathological findings.

Results SLNB was successful bilaterally in 56% of patients and unilaterally in 74% of patients. 4% of patients underwent bilateral SLNB and pelvic lymphadenectomy, which showed 100% sensitivity and NPV in identifying nodal metastasis.

Conclusion SLNB success rate was lower than equivalent results from more recent studies. However, patient safety was maintained throughout as pelvic lymphadenectomy was performed in instances of SLNB protocol failure.

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THE IMPACT OF DELAY FROM DIAGNOSIS TO SURGERY IN ENDOMETRIAL CANCER

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Introduction/Background In the COVID-19 era, waiting list for surgery is longer gynecological-oncological units were

forced to delay oncological surgery, especially endometrial cancer (EC), due to its good prognosis. The aim of this study is to evaluate the impact of delay in the oncological outcomes of these patients.

Methodology Retrospective analysis of all women with EC treated in the 1st Department of Obstetrics & Gynecology AUTH at 'Papageorgiou' Hospital, from 2012 – 2019. Delay was calculated as the time interval from the day of first examination in the outpatient clinic and the day of surgery, and a cut-off point at 8 weeks was set. Patient and tumor characteristics, treatment options and follow-up information were collected. Primary outcomes were the need of adjuvant treatment and survival rates.

Results 259 patients met the inclusion criteria. Based on the 8-week cutoff point patients were divided into two groups: 119 underwent surgery up to 8-weeks (group A) and 140 over 8-weeks (group B). There was no statistical difference in the FIGO Stage or the pre-operative CA125 level between the two groups, but patients in group A were younger, with lower BMI and less comorbidities. Furthermore, patients in group B had a significantly higher probability of receiving pelvic radiation with or without brachytherapy ($p=0.005342$), but no difference was detected in hospital stay, ICU admittance or surgery duration. Concerning survival rates, there was a statistical difference in disease-free ($p=0.0312$), but no difference was found in overall survival ($p=0.146$).

Conclusion Delaying EC surgery over 8 weeks may not have an impact on the mortality of the patients, but increases the need of adjuvant pelvic radiation with or without brachytherapy and the recurrence rates. As a result, patients experience more side effects which subsequently worsen their quality of life.

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CONTRASTING OUTCOMES IN TWO CASES OF UTERINE PECEOMA

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Introduction/Background Uterine PEComa (Perivascular epithelioid cell neoplasm) are rare tumours defined by WHO as a group of mesenchymal tumours composed of histological and immuno-histochemically distinct perivascular epithelioid cells. They are usually detected early and have a good prognosis, rarely they are aggressive with poor prognosis. Currently, there is no established role for adjuvant chemotherapy or immunotherapy. We report two contrasting cases of PEComa with varied prognosis.

Methodology We reviewed the records of two women with uterine PEComa at Guy's & St Thomas' Cancer center in the United Kingdom. Information was recorded on presentation, treatment and outcomes.

Results Two women diagnosed with uterine PEComa. One had an advanced aggressive PEComa with synchronous FIGO Stage-II tubal malignancy. The other had an early stage-Ia uterine PEComa. Both women underwent primary surgical treatment. The early-stage PEComa had a good outcome following surgery and did not have adjuvant therapy. Her disease-free interval is 60 months and continues surveillance. The second

woman had FIGO-IIb PEComa with recurrence within 2 months following surgery in vagina and lung. She underwent vaginal and thoracic surgery resecting tumors. She did not receive chemotherapy for ovarian cancer due to medical fitness. PEComa relapsed aggressively in the pelvis, lungs and diaphragm within 6 months and she was treated with Siroli-mus and Nab-siroli-mus. With this aggressive tumour, her over-all survival was 14 months.

Conclusion This illustrates the natural history of a rare uterine tumour (PEComa) and the management in rare presentations with aggressive tumours. The management can be challenging requiring multidisciplinary approach. There is lack of evidence how to manage recurrence of PEComa not salvaged by surgery.

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FREE CANCER CELLS IN FALLOPIAN TUBES (FLOATERS) AS ARTIFACTS OF UTERINE MANIPULATOR USE IN MINIMALLY INVASIVE SURGERY (MIS) FOR ENDOMETRIAL CANCER: DOES IT MATTER? A RETROSPECTIVE COHORT STUDY

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Introduction/Background It is unclear if free cancer cells in fallopian tubes (FT) floaters increase with the use of uterine manipulators (UM) and whether it may increase cancer recurrence. Our objective is to assess the rate of FT floaters associated with UM use in endometrial cancer treated by MIS and its impact on oncologic outcome.

Methodology This is a single center retrospective cohort study including patients who underwent surgery for apparent early-stage endometrial cancer by either laparoscopy, robotics or laparoscopic assisted vaginal hysterectomy (LAVH) from 11/2012 to 12/2020. Data on manipulator type, isolated tumor cells (ITC), cytology, LVSI, FT floaters, stage, histology and grade were collected. Primary outcome was the rate of FT floaters. Secondary outcome was cancer recurrence and disease-specific death. Kaplan-Meier curves, univariate and multivariate logistic regression were used for statistical analysis.

Results 1,020 women with endometrial cancer were included; 876 (86%) had hysterectomy with UM and 144 (14%) without, with a mean follow-up of 44,6 months. 84,7% had endometrioid histology, 84,5 % were grade 1 or 2 and 97,2% had stage I disease. Intra-uterine balloon manipulator (V-Care) was associated with the presence of FT floaters on univariate analysis (OR 2,47; 95% CI, 1,17–5,23; p=0,018) with a rate of 14,2%. Endocervical manipulator (Hohl) was not associated with floaters (OR 0,93; 95% CI, 0,43–1,98; p=0,854) with a rate of 5,9%. No manipulator MIS had a floater rate of 6,3%. Prior tubal ligation statistically reduces the risk of floaters (OR 0,33; 95% CI, 0,17–0,65; p=0,001). On multivariate analysis, FT floaters were not associated with recurrence (OR 1,14; 95% CI, 0,486–2,68; p=0,760) and disease-specific death (OR 0,650; 95% CI, 0,116–3,65; p=0,623).

Conclusion Intra-uterine balloon manipulators used in endometrial cancer MIS is associated with higher rates of FT floaters, but were not associated with recurrence and disease-specific death. Prior tubal ligation is protective.

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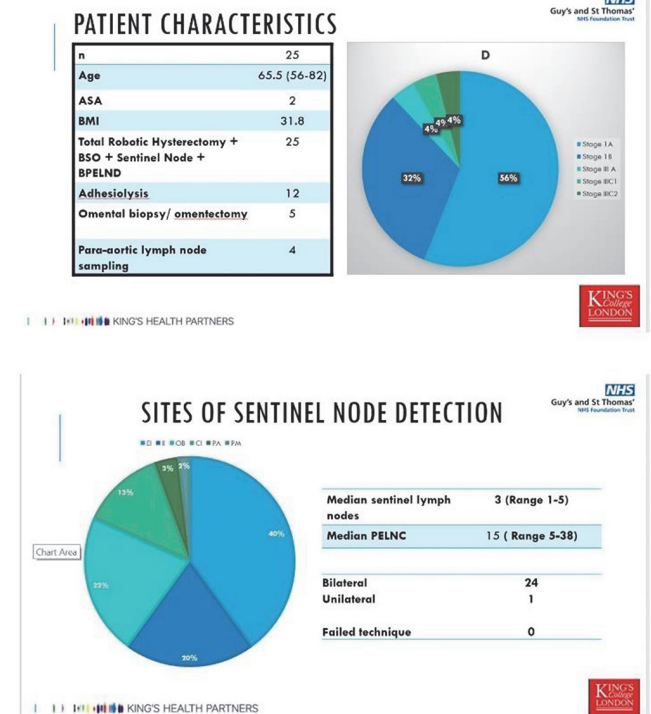
ROBOTIC SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER – A PILOT SERIES AT GUY'S AND ST THOMAS' HOSPITAL

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Introduction/Background Sentinel lymph node (SLN) technique identifies the first node(s) draining any organ and uses ultra-staging to detect micro-metastases. SLND reduces surgical-related morbidity, lymphedema, lymphocyst formation and operative time. It detects nodal metastases at aberrant sites and upstages 18–20% in high-risk patients.

Methodology Women requiring lymphadenectomy in intermediate & high-risk endometrial cancer at Guy's and St Thomas' Cancer Centre were included. Data was collected prospectively and results analysed. Intra-cervical IndoCyanine Green (ICG) was injected at two sites and surgery performed using Xi Davinci robot. SLN were mapped using firefly fluorescent camera and sampled. Bilateral pelvic lymphadenectomy (BPLND) was performed following SLN sampling.



Abstract 2022-RA-772-ESGO Figure 1

Results 25 patients underwent SLND during robotic staging for intermediate and high-risk endometrial cancer. Mean age