

Results 2 cases were shifted to open and excluded from the trial. The median BMI of the patients was (37.5), in 3 (16.6%) cases, right nodal dissection was performed through the transperitoneal approach. The average number of pelvic nodal yield was (20). The mean total operative time was 298 (± 53.2) minutes. The mean lymphadenectomy time 194.4 (± 34.3) minutes. The mean blood loss was 120 (± 25.2) ml. the mean hospital stays 1.67 (± 0.76) days. No patient experienced tumor recurrence with mean follow-up of 12 (± 5.6) months.

Conclusion Laparoscopic extraperitoneal pelvic lymphadenectomy is feasible, effective, and safe approach and has an added value when offered to obese females such as cases with endometrial cancer.

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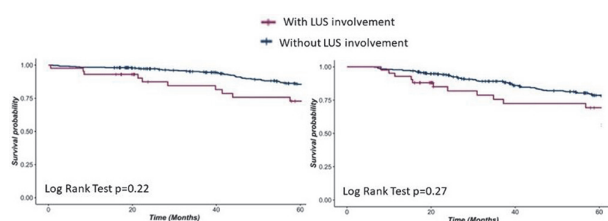
THE SIGNIFICANCE OF LOWER UTERINE SEGMENT INVOLVEMENT IN ENDOMETRIAL CANCER

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Introduction/Background Limited data suggests that lower uterine segment (LUS) involvement may be associated with other poor prognostic factors such as lymphovascular space involvement (LVSI), deep myometrial invasion and high-grade histology, but its impact on disease progression is unclear. This study assesses the impact of LUS involvement on the prognosis of women with endometrial cancer.

Methodology A revision of all pathological samples following surgical staging for endometrial cancer between the years 2002 to 2022 was performed and retrospective clinical data collected from patients' medical records. Characteristics of women with and without LUS involvement were compared and outcomes of both groups analysed. Kaplan Meyer survival curves were constructed comparing overall survival (OS) and progression-free survival (PFS) in both groups.



Abstract 2022-RA-943-ESGO Figure 1 Kaplan Meyer survival curves for 5 year survival (left) and recurrence (right) comparing cases with and without lower uterine segment involvement

Results 429 women were included in the study, 45 (10.5%) were diagnosed with LUS involvement. No differences were found between the groups regarding the demographic or clinical characteristics including age, hypertension, diabetes mellitus, smoking, obesity, infertility, hormonal therapy or histological subtype. LUS involvement was

significantly associated with LVSI (40% vs. 22% $p=0.01$), higher stage at diagnosis ($p=0.04$), and shorter PFS (30.0 months vs. 55.2 months, $p=0.02$). A decrease in 5 year OS was also observed although this marginally missed statistical significance (88% vs. 77%, $p=0.06$). A trend towards decreased PFS and OS was demonstrated in the Kaplan Meyer survival curves, however these failed to reach statistical significance, possibly due to an insufficient number of cases (figure 1).

Conclusion LUS involvement appears to confer a poorer prognosis with decreased PFS and a trend towards decreased OS and may be an additional factor to consider in decisions regarding adjuvant treatment following surgical staging for endometrial cancer.

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INDOCYANINE GREEN SENTINEL LYMPH NODE MAPPING – STAGING ROLE IN ENDOMETRIAL CANCER

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Introduction/Background Sentinel lymph node (SLN) mapping with indocyanine green is an accepted technique comparing to complete lymphadenectomy in endometrial cancer, reducing surgical morbidity, and securing information about lymph node status for treatment planning. However, the implementation of this technique in clinical practice requires appropriate means and, in our institution, is emerging as our desired standard-of-care.

Methodology We aimed to describe and analyse the surgical technique of SLN mapping with indocyanine green in a low-risk patient with endometrial cancer.

Results A fifty-four years old women, with BMI 30 and no other previous medical conditions, presented with a three-month history of post-menopausal bleeding. The ultrasound examination showed endometrial thickening of 23 mm. A diagnosis of endometrioid adenocarcinoma grade 1 was made and the magnetic resonance showed a myometrial invasion $<50\%$. After the superficial and deep cervical injection of the indocyanine green, we inspected the abdominal cavity and identified the pelvic lymph pathways and pelvic sentinel lymph nodes. Through this technique, we could identify four sentinel lymph nodes (two on the left, one on the right and one in interiliac region). The procedure continued with total hysterectomy and bilateral salpingo-oophorectomy, with good recovery and no complications. The histopathological examination revealed endometrioid adenocarcinoma, with good differentiation, with less than 1 mm invasion in the myometrium, without lymphovascular space invasion. The four lymph nodes were ultrastaged and were negative. The patient is now in clinical surveillance.

Conclusion This video highlights that sentinel lymph node mapping and detection with the indocyanine green technique is a feasible procedure and allows accurate and precise identification of all sentinel lymph nodes. In fact, this technique is currently starting as a routine practice in our institution and is now the preferred method given the main advantages that it offers, including improved sentinel lymph node detection rates and good patient acceptability and satisfaction.