infiltration the accuracy was 84,1%, sensitivity was 28,6%, specificity was 91,8%. Nodal metastases were detected in 15,9% patients (11,6% in PLN and 4,3% PLN&PALN). The accuracy of the MRI for the detection of nodal metastasis was 75,4%, sensitivity 30,8%, specificity 84,2%. Further analysis evaluated the impact of the following features on the MRI efficiency: histological type, patient age, presence of myomas and the reference status of the radiology center.

Conclusion Unsatisfactory results of MRI imaging, particularly that overestimate the local infiltration, lead to performing too extensive lymphadenectomy, especially that the ability of detecting LN metastasis by MRI has low rate. All quality bias should be taken into consideration when analyzing the results of the MRI to tailor the surgical treatment.

2022-RA-1643-ESGO PARA-AORTIC LYMPHADENECTOMY INCREASES VASCULAR LESIONS COMPARED TO PELVIC LYMPHADENECTOMY IN ENDOMETRIAL CANCER, A STUDY IN A MEXICAN POPULATION

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10.1136/ijgc-2022-ESGO.356

Introduction/Background Endometrial cancer in Mexico represents the second place, followed by cervical cancer. High-risk staging and treatment involves total hysterectomy, bilateral salpingo-oophorectomy with pelvic and/or para-aortic lymphadenectomy. Surgical staging is necessary in high and intermediate risk cases to assess the extent of the disease and the need for adjuvant therapy, which is why it is important to know the lymph node status to assess the prognosis. Our objective is to evaluate whether para-aortic lymphadenectomy increases vascular lesions compared to pelvic lymphadenectomy in endometrial cancer in a cancer reference center in Mexico.

Methodology A retrospective analysis of 44 cases of endometrial cancer that had complete surgical staging was performed. Comparisons were analyzed using Student's t-test and Mann-Whitney tests. For the statistical analysis, SPSS version 23 was used.

Results The surgeries were performed by experienced gynecologists or surgical oncologists. The median age was 53 years, in the analysis we could not identify statistical differences between the rest of the complications, the main complication was lymphocele with p: 0.03, between the pelvic lymph node dissection (PLND) group, compared with the group of PLND and para-aortic lymph node dissection (PALND), vascular injuries were not significant, as well as ureteral injury, reintervention, infection.

Conclusion PLND and PALND do not increase vascular lesions, however if the number of lymphoceles increases, our pelvic and para-aortic lymph node dissections are performed by experienced gynecologists or surgical oncologists with more than three years of surgical training in a national reference center, which could be an important factor, however, in this study we can conclude that vascular injuries do not increase when we perform para-ortic dissection.

2022-RA-1645-ESGO SAME DAY DISCHARGE PROTOCOL FOR GYNAECOLOGICAL ONCOLOGY ROBOTIC SURGERY: SINGLE INSTITUTE EXPERIENCE OF INITIAL IMPLEMENTATION

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10.1136/ijgc-2022-ESGO.357

Introduction/Background Same-day discharge (SDD) is safe following minimally invasive hysterectomy. The Christie is a high-volume tertiary Cancer centre offering robotic surgery on high-risk patients with a successful Enhanced Recovery programme. Our aim was to create a pathway for SDD acknowledging that only a small cohort of our patients would be eligible. We present the feasibility and safety of service development.

Methodology Prospective cohort study of all patients who underwent robotic surgery for the treatment of gynaecological cancer, in our centre since March 2022, following clinical approval of Enhanced recovery and SSD pathway.

Results Initial, seven patients that were eligible for SSD were prospectively monitored. Mean age was 59(range 50–67)years old. 85.7% had previous abdominal surgery and 28.6% had undergone treatment for a different cancer, in the past. Mean BMI was 37(range 27–47) and they all had performance status of 0 and ASA=2. None was diabetic as this was an exclusion criterion. 42.9% had well controlled hypertension and another 42.9% were ex-smokers. Pre-operative haemoglobin was 139 (range 126–150) g/l.All had operations in the morning session and discharged successfully by 6pm same day.All patients underwent robotic total hysterectomy with bilateral salpingo-oophorectomy, 57% had sentinel lymph nodes and 42.8% omentum biopsied. There were no intraoperative complications and estimated blood loss was 50 mls. There were no concerns reported on follow up phone call day 1 and 2 post op. There were no readmissions and none 30-day post-operative complication on follow up clinic review. Patients satisfaction assessed by clinical nurse specialists as part of holistic needs assessment was very positive.

Conclusion Initial implementation is successful; following a robust preoperative and perioperative care pathway, including appropriate patients' selection and preparation. Post operative support and follow up is paramount. This is supported by a well established gynaecological oncology robotic service.

2022-RA-1647-ESGO IMPACT OF TUMOR VOLUME ON SURVIVAL OF PATIENTS WITH LYMPH NODE METASTASIS IN ENDOMETRIAL CANCER

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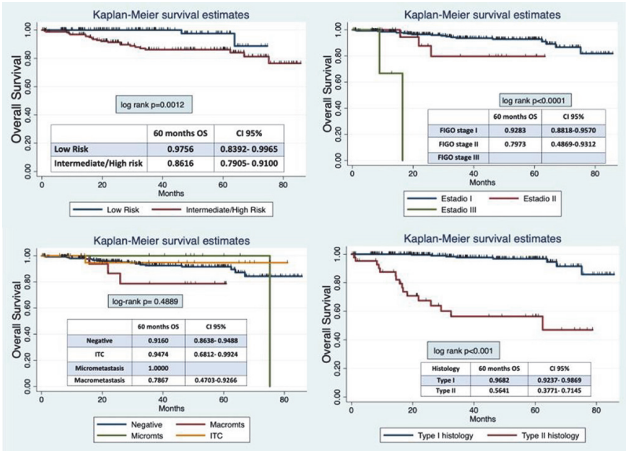
10.1136/ijgc-2022-ESGO.358

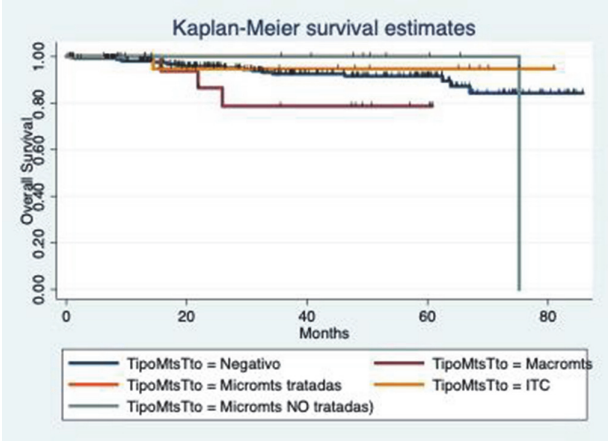
Introduction/Background Endometrial carcinoma is the most frequent malignant tumor of the female genital tract. The worse prognosis of patients with lymph node disease is well known, but little is known about the relevance of the tumor volume. Our objective is to analyze the impact of the tumor volume of these metastases on the survival.

Methodology A prospective cohort study was performed including patients with endometrial cancer from 2014 to 2020 at Hospital Universitario Donostia. Two groups were studied based on their preoperative risk stratification: low-risk patients who underwent simple total hysterectomy and bilateral adnexectomy plus sentinel lymph node (SLN) biopsy of pelvic and aortic areas; and high-risk patients who also underwent pelvic and aorto-caval lymphadenectomy.

Results We analyzed 327 patients with a 91.35% survival at 60 months, with a median follow-up of 34.45 months (IQR 18.18–58.48).56 patients had nodal involvement. Log-rank test showed no significant differences in survival between patients without lymph node disease, those with isolated tumor cells (HR 0.62; 95% CI 0.08 – 4.67), treated micrometastases (HR 0.01 95% CI 0-.) and those with untreated micrometastases (HR 2.37 95% CI 0.31–18.04). Likewise, no significant differences were found in the survival of patients with macrometastases (HR 2.86; 95% CI 0.83 – 9.82). The presence of a positive aortic SLN increases the risk of mortality (HR 3.05; 95% CI 1.04–8.94), with a higher risk for macrometastases in aortic SLN (HR 3.20 95% CI 1.22–8.44) than including micrometastases (HR 2.02 95% CI 1.08–3.78).



Abstract 2022-RA-1647-ESGO Figure 1



Abstract 2022-RA-1647-ESGO Figure 2

Conclusion Survival of patients with endometrial carcinoma is significantly associated with stage, tumor grade, histological type of tumor, preparative risk group and age of patients. The tumor volume of lymph node metastases does not show significant differences in overall survival. The presence of a positive aortic sentinel node micro or macrometastasis has a significant negative impact on prognosis.

2022-RA-1660-ESGO LYMPHADENECTOMY IN HIGH-RISK ENDOMETRIAL CANCER

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10.1136/ijgc-2022-ESGO.359

Introduction/Background The role of lymphadenectomy in surgical management of endometrial cancer remains controversial. Lymph node metastases can be found in women who before surgery are thought to have cancer confined to the uterus. Removal of all pelvic and para-aortic lymph nodes at initial surgery has been widely advocated, and pelvic and para-aortic lymphadenectomy remains part of the FIGO staging system for endometrial cancer.The objective of this study was to determine the characteristics, complication rate and metastases location in high-risk endometrial cancer.

Methodology Retrospective study of patients with high-risk endometrial cancer was performed. All patients underwent surgery including complete lymph node staging by pelvic and para-aortic lymphadenectomy. Clinicopathological characteristics, complication rate and location of lymph node metastases were analyzed.

Results 147 women were diagnosed with high-risk endometrial cancer, representing 11.3% of all endometrial tumors in that period (n=1301).The mean age of the patients was 61.62 years, 88.4% were in the menopausal state and 40.8% of them had a BMI > 30. Regarding histopathology, the most common type of tumor was endometrioid adenocarcinoma (37.4%), followed by serous carcinoma (31.3%). Regarding histological grade, 10.9% were G1, 11.6% were G2, and 77.6% were G3. Regarding lymph node spread, 34 (23.1%) patients had metastases in pelvic and/or para-aortic lymph nodes. 26 patients (17.7%) had positive pelvic nodes and 19 patients (12.9%) had positive para-aortic nodes. Once the final staging was carried out with the FIGO criteria (2009), the most frequent stage was IA (38.8%) and stage IIIC was 23.1%. 21 patients (14.3%) presented some type of complication related to surgery, the most frequent complications being lymphedema (2.7%) and lymphocele (2.7%).

Conclusion In our study, the rate of lymph node metastases (pelvic and/or para-aortic) is 23.1% with a low rate of complications. We can affirm that it is a useful and safe technique.

2022-RA-1688-ESGO EVALUATION OF THE IMPACT OF HRT ON ENDOMETRIAL THICKNESS AND THE DIAGNOSIS OF ENDOMETRIAL CANCER

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10.1136/ijgc-2022-ESGO.360