the sentinel lymph node 6. vNOTES hysterectomy 7. Closure of the incisions

Results The approach has performed for three patients with endometrial cancer until today. No complication was detected. All of them discharged postoperative day 1. Blood loss were under 50 ml. One of these patients was at stage IIIC1 treated with chemoradiotherapy, and the other two were at stage IA endometrioid type were under observation. No recurrence was found.

Conclusion VNOTES sentinel lymph node dissection may be an alternative approach of treatment for patients with endometrial cancer.

2022-RA-193-ESGO COST-EFFECTIVENESS OF MOLECULAR PROFILING FOR ENDOMETRIAL NEOPLASIA: A SINGLE INSTITUTION EXPERIENCE

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Introduction/Background Endometrial cancer (EC) is the most common gynaecologic malignancy in developed countries. Hysterectomy remains the first-line treatment with pelvic lymph node staging being performed routinely. FIGO stage is central to define patients prognosis and their treatment planning. Molecular classification of EC includes 4 subtypes: POLE-ultramutated, mismatch-repair protein deficient (MMRd), p53-mutant and no specific molecular profile. Over the last three years, we have progressively implemented a detailed molecular screening for patients with EC and their risk stratification. Herein, we evaluate the global cost-effectiveness of this approach.

Methodology We conducted a monocentric retrospective study of 166 consecutive patients treated for EC at the University Hospital of Liège, between January 2019 and December 2021. Twenty-seven patients were excluded. Of the remaining 139, 87 patients had a complete immunochemistry and molecular biology for p53, MMR and POLE. Fifty were classified as low or intermediate risk, 15 as high-intermediate risk, 19 as high risk.

Results For these 87 patients, cost for complete analyses was € 75,820. FIGO stage defined high-risk patients four times more frequently than molecular biology; 8 patients were classified as high-risk due to FIGO stage III alone, 2 patients changed prognostic risk group from high-intermediate to high risk due to p53 mutation alone. However, the adjuvant treatment (external beam radiotherapy) decision was not modified due to the biomolecular profile. One patient with POLE-mutated EC was classified and treated as high-risk because of FIGO stage IIIC1.

Conclusion In our experience, molecular analysis changes the prognostic risk group in a limited number of cases and does not impact the final adjuvant treatment prescription. FIGO stage remains of primary importance in our treatment decisions. Had we performed p53 analysis by immunohistochemistry alone exclusively in low/intermediate-risk patients and microsatellite instability (MSI) testing only if patients were MMRd, € 52,777 would have been saved without theoretical oncological compromise.

2022-RA-196-ESGO LAPAROSCOPIC VERSUS OPEN HYSTERECTOMY IN TYPE I ENDOMETRIAL CANCER, A TERTIARY REFERRAL CENTER EXPERIENCE

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Introduction/Background Surgery had been considered the cornerstone in the management of endometrial cancer especially in early stages. The use of minimally invasive surgeries in patients with endometrial cancers has been widely adopted worldwide. In this study, we discuss the outcomes of type I endometrial cancer patients who underwent laparoscopic hysterectomy at our center.

Methodology This is a retrospective cohort study on type I endometrial cancer patients who had been surgically treated in Oncology Center Mansoura University (OCMU) in the period from January 2014 till January 2019. The basic epidemiologic and clinicopathologic data were collected, thereafter the patients were arranged into two arms according to the surgical approach used whether open or laparoscopic. The two arms were compared regarding epidemiologic, clinicopathologic criteria, and outcomes (surgical and oncological).

Results Patients were categorized into 2 groups; open surgery group (59 patients) and laparoscopy group (60 patients). There was no significant difference between both groups as regards the epidemiologic and clinicopathologic parameters. There was no statistical difference between the 2 groups in the stage of tumor according to FIGO staging. Operative time was significantly longer in the laparoscopy group in comparison to the open surgery group ($p < 0.0001$). No significant difference was found between both groups as regards the type of operation, blood loss. The rate of intraoperative complications was nearly similar in both groups. There was no significant statistical difference between the numbers of lymph node yield in both groups.

Conclusion The results in this study support the use of laparoscopy in early stage type I endometrial cancers without compromising the oncological outcomes regarding the disease free and overall survival. We encourage further prospective multicenter randomized trials to consolidate these results.

2022-RA-197-ESGO RISK FACTORS AND PATTERNS OF RECURRENCE IN PATIENTS WITH LOW-RISK ENDOMETRIAL CANCER

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Introduction/Background More than half of all endometrial cancers are diagnosed as early stage low-risk, and are treated