Methodology This is a prospective, multicentric, observational study, women with early-stage EC underwent surgical staging with SNL identification. SNLs were serially sectioned at 2 mm slices thickness perpendicular to the longest axis of the node, the odd slices were submitted to ultra-staging, according to our institutional ultrastaging protocol, even slices were submitted to the OSNA analysis.

Results This is the largest study, until now, with three-hundred-and-sixteen patients enrolled with 668 SNLs analyzed with the two methods OSNA and US. OSNA assay detected 22 (3,3%) positive SNLs of which 17 (2,5%) micrometastases, and 5 (0,7%) macrometastases, whereas pathological ultrastaging detected 24 (3,6%) positive SNLs of which 15 (2,2%) micrometastases and 9 (1,3%) of macrometastases. In addition, OSNA detected 649 negative nodes (including 8 ITC), while Ultrastaging 644 negative nodes (with 26 ITC.) Using Ultrastaging as a reference method the specificity of 98,4%, the diagnostic accuracy of 96,7%, and the negative predictive value of 98,1% were attended. Discordant results were found in 22 SNLs (3,2%) corresponding to 20 patients (6,3%). We found 10 false-positive SNLs, all micrometastases, and 12 false-negative lymph nodes of which 9 micrometastases and 3 macrometastases.

Conclusion Although only portions of a whole lymph node have been examined with OSNA analysis, it has proved to be highly specific with high diagnostic accuracy, a high negative predictive value, and moderate concordance with the standard US. Therefore, we believe that OSNA is a valid method for analyzing lymph node metastases in patients with apparent early-stage EC, which allows us to analyze the entire lymph node with a standardized method.

2022-RA-995-ESGO | **INDEPENDENT PROGNOSTIC SIGNIFICANCE OF SUBSTANTIAL LYMPHOVASCULAR SPACE INVASION (LVSI) IN A CONSECUTIVE SERIES OF PRIMARY LVSI-POSITIVE ENDOMETRIAL CARCINOMA (EC)**

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Introduction/Background LVSI is known to be associated with unfavorable outcome in EC. Recent studies have shown that the extent of LVSI is one of the strongest prognosticators of local as well as distant recurrence after primary therapy. Therefore current risk-assessment algorithms, such as the ESGO-ESTRO-ESP consensus guidelines, require classification of LVSI as 'substantial' versus 'focal or negative' LVSI. It was the aim of this study to investigate the impact of LVSI quantification in a consecutive series of EC in which LVSI was found to be positive after routine pathology assessment.

Methodology EC patients treated at the Tuebingen University Women's Hospital between 2003 and 2016 were identified. Cases in which LVSI had been reported after routine pathology were independently reviewed by three experienced gynecopathologists according to current clinical practice (review of all tumor-containing H&E stained hysterectomy slides). The final LVSI classification was reached by a majority vote of the expert panel. DNA-sequencing for pathogenic POLE mutations and p53/MMR immunohistochemistry was performed on all cases.

Results After chart review of 770 cases, n=95 LVSI-positive cases were available for further research. LVSI was found to be substantial in 50/95(53%) cases. 5-yr disease-specific survival was 42% in cases with substantial LVSI and 74% in LVSI focal/negative cases. No prognostic impact was observed for molecular classification in this highly selected cohort. While established clinicopathological parameters were shown to be of prognostic significance in univariate analyses, LVSI quantification was shown to be the only independent prognosticator after multivariate analyses (HR 2,24;p=0,04).

Conclusion Our results support further LVSI quantification in EC found to be LVSI-positive upon routine pathology assessment. Patients with substantial LVSI are at high risk for relapse and fatal outcome. LVSI quantification may help to guide adjuvant treatment and might be of key importance for the development of new personalized EC treatment strategies.

2022-RA-997-ESGO | **LUNG RECURRENCE OF ENDOMETRIAL ADENOCARCINOMA: IMPACT OF MOLECULAR PROFILE AND ROLE OF LOCAL THERAPIES ON PROGNOSIS**

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Introduction/Background Endometrial cancer(EC) lung recurrence can be classified as multiple-site recurrence (affecting the lung and other organs) or isolated lung recurrence (affecting only the lung). Isolated lung recurrent patients may have the potential for long-term disease control and improved prognosis with local treatments: stereotactic body radiation therapy (SBRT) or metastasectomy.

Methodology This is a retrospective single-center study including consecutive women diagnosed with stage I-IVA EC at the Hospital Vall d'Hebron between 1995 and 2021 with first recurrence affecting the lung. Patients were classified as multiple-site metastatic or isolated lung recurrence, and these last according to the treatment received (local or systemic). We aimed to analyze local response rate and prognostic outcomes according to received treatment and the molecular classification (MC).

Results Isolated lung systemic-treated patients (n=15) were older (77 vs 69.7 years-old at relapse,p=0.43) and had more often bilateral (73.3%vs37.5%, p=0.008) and a higher number of metastases (p=0,001) than locally-treated patients (n=16). Of the locally-treated group, 5 were treated with