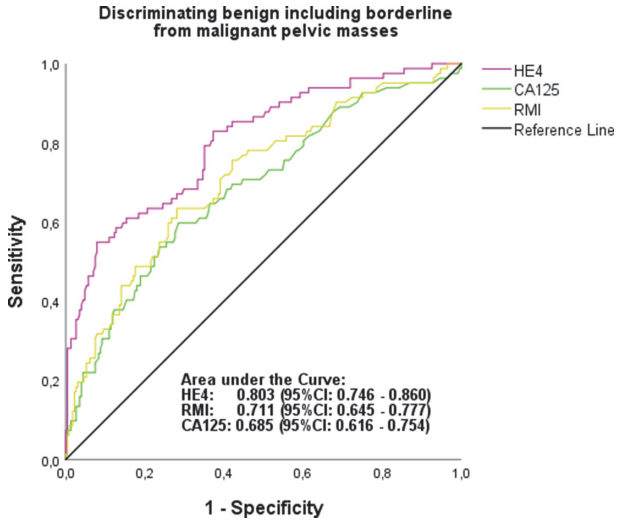
Abstract 1069 Table 1 Specificity, PPV and NPV at 85% sensitivity in discriminating benign and borderline from malignant pelvic masses. Table 1

	Specificity	PPV	NPV
HE4	58%	42%	92%
RMI	33%	31%	85%
CA125	34%	32%	87%
HE4 in elevated RMI group	63%	45%	92%



Abstract 1069 Figure 1 Discriminating benign including boardline from malignant pevic masses

Methodology In this prospective, observational cohort study, we included patients with a pelvic mass between 2017 and 2021 from nine general hospitals. HE4 and CA125 were measured using electrochemiluminescence in preoperative samples. All patients underwent surgery. Accuracies of HE4, RMI, CA125, and combinations hereof, were determined using Area under the Curve (AUC), sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV).

Result(s)* We included 311 patients, of whom 82 patients had a malignant pelvic mass. Sixty-six patients had epithelial OC, 6 non-epithelial OC and 10 had ovarian metastases or a pelvic mass of non-ovarian origin. The remaining patients had a benign (n=190) or a borderline pelvic mass (n=39). HE4 had the highest AUC (figure 1). The addition of HE4 in patients with an elevated RMI score at a pre-specified 85% sensitivity had the highest specificity, PPV and NPV (table 1) in differentiating malignant from benign and borderline pelvic masses.

Conclusion* HE4 is superior to CA125 and RMI in predicting malignancy in a population with a low prevalence of OC. The addition of HE4 in patients with an elevated RMI score improved the performance of HE4 alone in discriminating malignant from benign including borderline pelvic masses. Although there is still room for improvement, this confirms that HE4 can be used to support referral decisions in a population from general hospitals.

Endometrial cancer

10 THE ADOPTION OF SENTINEL NODE MAPPING WITH OR WITHOUT BACKUP LYMPHADENECTOMY IN ENDOMETRIAL CANCER

[1]G Bogani*, [2]R Angioli, [2]F Plotti, [3]VDI Donato, [4]A Papadia, [3]L Muzii, [3]P Benedetti Panici, [5]S Ferrero, [6]A Buda, [6]F Landoni, [7]J Casarin, [7]F Ghezzi, [8]P De Iaco, [8]AM Perrone, [1]F Raspagliesi. *[1]Fondazione IRCCS Istituto Nazionale dei Tumori , Gynecologci Oncology, Milano, Italy; [2]Campus Biomedico di Roma, Gynecologci Oncology, Roma, Italy; [3]University La Sapienza di Roma, Roma, Italy; [4]University of Lugano, Switzerland; [5]University of Genoa, Genova, Italy; [6]Building U6 – University of Milano-Bicocca, Milano, Italy; [7]University of Insubria, Varese, Italy; [8]Alma Mater Studiorum – Università di Bologna, Bologna, Italy*

10.1136/ijgc-2021-ESGO.109

Introduction/Background* Sentinel node mapping (SNM) has replaced lymphadenectomy for staging surgery in apparent early-stage endometrial cancer (EC). Here, we evaluate the long-term survival of three different approaches of nodal assessment in low, intermediate, and high-risk EC.

Methodology This is a multi-institutional retrospective study evaluating long-term outcomes (at least 3 years of follow-up) of EC patients having nodal assessment between 2006 and 2016. In order to reduce possible confounding factors, we applied a propensity-matched algorithm.

Result(s)* Charts of 940 patients were evaluated: 174 (18.5%), 187 (19.9%), and 579 (61.6%) having SNM, SNM followed by backup lymphadenectomy and lymphadenectomy, respectively. Applying a propensity score matching algorithm (1:1:2) we selected 500 patients: 125 SNM vs. 125 SNM plus backup lymphadenectomy vs. 250 lymphadenectomy. Baseline characteristics of the study population were similar between groups. The prevalence of nodal disease was 14%, 16%, and 12% in patients having SNM, SNM followed by backup lymphadenectomy and lymphadenectomy, respectively. Overall, 19 (7.6%) patients were diagnosed with low volume nodal disease (7 and 12 patients with micrometastasis and isolated tumor cells). The mean (SD) follow-up time was 62 (±11) months. The survival analysis comparing the three techniques did not show statistical differences in terms of disease-free (p=0.750) and overall survival (p=0.899). Similarly, the type of nodal assessment did not impact survival outcomes after stratification on the basis of uterine risk factors.

Conclusion* Our study highlighted that SNM provides similar long-term oncologic outcomes than lymphadenectomy. Further evidence is warranted to assess the prognostic value of low-volume disease detected by ultrastaging and the role of molecular/genomic profiling.

15 ABSTRACT WITHDRAWN

37 INTRACAVITARY BRACHYTHERAPY AS THE METHOD OF CHOICE IN FRAGILE PATIENTS WITH EARLY-STAGE ENDOMETRIAL CANCER

A Rychlik, M Rydzinski*, A Zolciak-Siwinska. *National Research Cancer Institute in Warsaw, Poland*

10.1136/ijgc-2021-ESGO.110