

**Abstract EPV135/#596 Table 1** Clinicopathological features according to MMR expression

	pMMR	dMMR	p-value
Average age at diagnosis (min-max)	62.5 (31-85)	62.7 (36.2-84.5)	0.976
Average body mass index (min-max)	31.2 (16.4-54.0)	30.9 (19.3-47.6)	0.601
Menopausal status			0.121
Post-menopause	278 (91.1%)	127 (84.6%)	
Pre-menopause	27 (8.9%)	20 (13.6%)	
Ethnicity			0.705
White	217 (76.7%)	110 (79.1%)	
Black	14 (4.9%)	9 (6.5%)	
Brown	43 (15.2%)	16 (11.5%)	
Asian	9 (3.2%)	4 (2.9%)	
Family cancer history			0.188
Negative	187 (71.6%)	82 (65.1%)	
Positive	74 (28.4%)	44 (34.9%)	
Personal cancer history			0.605
Negative	248 (82.9%)	119 (81.0%)	
Positive	51 (17.1%)	28 (19.0%)	
Hypertension			0.985
Absent	119 (39.4%)	57 (39.3%)	
Present	183 (60.6%)	88 (60.7%)	
Diabetes			0.714
Absent	220 (72.8%)	108 (74.5%)	
Present	82 (27.2%)	37 (25.5%)	
Tumor histological type			0.069
Endometrioid	234 (77.7%)	125 (85.0%)	
Non-endometrioid	67 (22.3%)	22 (15.0%)	
Tumor histological grade			0.916
Low grade	211 (69.4%)	102 (68.9%)	
High grade	93 (30.6%)	46 (31.1%)	
Lymphovascular space invasion			0.001
Absent	237 (79.3%)	95 (64.6%)	
Present	62 (20.7%)	52 (35.4%)	
Myometrial tumoral invasion			0.067
<50% of myometrial thickness	167 (54.8%)	67 (45.6%)	
≥50% of myometrial thickness	138 (45.2%)	80 (54.4%)	
RGO staging			0.306
I	184 (60.3%)	84 (56.8%)	
II	30 (9.8%)	9 (6.1%)	
III	69 (22.6%)	43 (29.1%)	
IV	22 (7.2%)	12 (8.1%)	
p53 immunohistochemistry staining			0.001
Wild type	181 (74.8%)	113 (89.7%)	
Aberrant	61 (25.2%)	13 (10.3%)	
Cancer recurrence			0.380
Absent	247 (86.4%)	108 (83.1%)	
Present	39 (13.6%)	22 (16.9%)	
Alive	278 (91.1%)	120 (81.1%)	
Death by cancer	17 (5.6%)	17 (11.5%)	
Death by other causes	10 (3.3%)	8 (5.4%)	
Survival			0.004
Death of unknown cause	0	3 (2.0%)	

pMMR: proficient mismatch repair (enzymes expressed)  
dMMR: deficient mismatch repair (enzymes not expressed)

more prevalent in the pMMR group. Mortality was significantly higher in the dMMR group.

### EPV136/#605 METFORMIN USE AMONG DIABETIC WOMEN AND ENDOMETRIAL CANCER SURVIVAL: AN ISRAELI GYNECOLOGIC ONCOLOGY GROUP STUDY

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10.1136/ijgc-2021-IGCS.206

**Objectives** Diabetes mellitus is a risk factor for the development of endometrial hyperplasia and endometrial carcinoma (EC). We aimed to evaluate the association between metformin use and oncologic outcome in diabetic women with EC.

**Methods** A retrospective multi-center cohort study of diabetic women with EC treated in nine gynecologic oncology centers between 2000–2014. Univariate, Kaplan-Meier survival and Cox proportional hazard model analyses were performed to compare survival outcomes between women treated with metformin and those who were not.

**Results** A total of 577 diabetic women with EC were included, 330 (57.2%) were treated with metformin and 247 were not. There was no difference between the groups in terms of age, hypertension, statin use, hormonal replacement therapy use, disease stage, grade, lymphovascular space invasion (LVSI) or median follow up time. Women treated with metformin were more likely to have positive abdominal fluid cytology and be operated by minimally invasive route (Odds Ratio [95% Confidence Interval]: 2.8 [1.1–7.2] vs.1.6 [1.1–2.3], respectively). Median follow up was 53 months (interquartile range 20–91). Recurrence rate did not differ between study groups (p=0.267). Cox proportional hazards model adjusted for age, disease stage, grade, LVSI, radiation therapy and chemotherapy, demonstrated comparable progression free survival and overall survival between diabetics who used metformin versus those who did not (p=0.486, p=0.194, respectively).

**Conclusions** Metformin use did not influence prognosis in diabetic women with EC. Large prospective studies to elucidate the association of metformin and oncological outcomes in diabetic subgroups of women with EC are of need.

### EPV137/#607 EARLY SURGICAL OUTCOMES OF ROBOTIC HYSTERECTOMY AND SENTINEL LYMPH NODE BIOPSY USING INDOCYANINE GREEN (ICG)

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10.1136/ijgc-2021-IGCS.207

**Objectives** Robotic hysterectomy and sentinel lymph node biopsy (SLNB) using Indocyanine green is an effective and safe alternative treatment for patients with endometrial cancer.

**Methods** A single-institutional retrospective study was performed including all patients with intermediate-risk endometrial cancer who underwent robotic hysterectomy plus SLNB using ICG between January 2020 and April 2021. Surgical outcomes of these patients regarding lymphoedema and lymphocele formation were compared in a retrospective manner with outcomes of endometrial cancer patient that underwent abdominal hysterectomy and complete pelvic lymph node dissection.

**Results** In total from January 2020 until April 2021, 15 patients were surgically treated for intermediate endometrial cancer with robotic hysterectomy and SLNB using ICG. Their outcomes were compared with those who underwent abdominal hysterectomy plus pelvic lymph node dissection for endometrial cancer (30 patients). Regarding oncological outcome, 8 out of 15 patients of robotic group were treated for endometrioid endometrial cancer stage IB low grade without LVSI, while the rest of them had endometrioid endometrial cancer stage IA high grade. None of the included patients had metastases to the sentinel lymph node. Regarding the complications, none of the robotic group patients suffered from lymphoedema or lymphocele formation, while in abdominal group 1 out of 30 suffered from lymphoedema and 5 from lymphocele formation.

**Conclusions** Although our small experience, according to our results robotic hysterectomy in combination with SLNB is a feasible treatment that can be used in treatment of patients with intermediate endometrial cancer with same or even better long term results regarding lymphatic drainage.