

IGCS19-0718

396 **VALIDATE PATENT BLUE DYE TECHNIQUE IN SENTINEL LYMPH NODE FOR ENDOMETRIAL CANCER STAGING IN SAN BORJA ARRIARAN HOSPITAL, CHILE**

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Objectives Validate patent blue dye technique in sentinel lymph node for endometrial cancer staging.

Methods We performed a prospective study (from 2014 to 2018) for endometrial cancer staging with patent blue dye sentinel lymph node before pelvic lymphadenectomy Blue dye injection was applied in the cervix (1cc 1cm deep and 1cc superficial) at 3 and 9 hour, 20 minutes prior starting surgery (laparotomy or laparoscopic). The sentinel lymph node was send to hematoxylin and eosin stain.

Results 60 surgeries were performed (75% laparoscopic and 25% laparotomy), and we were able to identified the a sentinel lymph node in 95% patients, 75% bilaterally, with an average of 1,9 node. The most common site for identification was the obturator fossa, followed by external iliac artery. Only 3% of the nodes were identified in the para aortic region. We found 3% of the nodes in uncommon sites (abdominal pelvic wall), and 1 was cancer positive (with traditional lymphadenectomy negative to cancer). Our sensibility was 83% and specificity 95%.

Conclusions Even though blue dye technique it's not the gold standard for sentinel lymph node staging, its sensibility and specificity allow us the use a less radical procedure with less operative time and complications. It is imperative that each surgeon and hospital team must perform their learning curve before adopting this technique.

IGCS19-0026

397 **SQUAMOUS DIFFERENTIATION PORTENDS POOR PROGNOSIS IN LOW AND INTERMEDIATE RISK ENDOMETRIAL CANCER**

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Objectives Endometrial cancer presents well-defined risk factors such as depth of myometrial invasion, histological subtype, tumour differentiation grade and lymphovascular space invasion (LVSI). The aim of this study was to investigate other clinical-pathological factors that might influence the recurrence of patients diagnosed with low and intermediate risk endometrial cancer.

Methods Case-control study from a cohort retrospective of 196 patients diagnosed with low and intermediate risk endometrial cancer at a single institution between 2009 and 2014 was conducted. Medical records were reviewed to compare

clinical (race, smoking, menopause, body mass index (BMI)) and pathological (histological subtype (endometrioid vs endometrioid with squamous differentiation), tumour differentiation grade, tumour localization, endocervical invasion, LVSI) characteristics into patients with recurrence (case) and without recurrence (control) of disease. Three controls for each patient case was matched for age and staging.

Results Twenty-one patients with recurrence was found (10.7%), of which 14 were stage IA and 7 were stage IB. We selected 63 patients without recurrence (controls). There were no significant differences in any clinical characteristic between case and control patients. Among pathological variables, presence of squamous differentiation (28.6% vs. 4.8%, p=0.007), tumour differentiation grade 2 or 3 (57.1% vs. 30.2%, p=0.037) and presence of endocervical invasion (28.6% vs. 12.7%, p=0.103) were associated with disease recurrence from univariate analysis. On multivariable analysis, only squamous differentiation was a significant risk factor for recurrence (p=0.031).

Conclusions Our data suggest that squamous differentiation may be a poor prognostic factor in patients with low and intermediate-risk endometrial carcinoma, had a 5.6 fold increased risk for recurrence.

IGCS19-0240

398 **BIOPSY AND SURGICAL SPECIMEN ANATOMOPATHOLOGICAL CONCORDANCE OF ASPIRATION, CURETTAGE AND HYSTEROSCOPY IN ENDOMETRIAL CANCER PATIENTS**

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Objectives To explore the anatomopathological concordance of different diagnosis methods in endometrial cancer.

Methods A retrospective analysis of 824 patients with endometrial cancer diagnosis referred to surgical treatment in Instituto do Câncer do Estado de São Paulo between January 2009 and February 2019 was performed. Data has been exported from the REDCap database. The proportions of concordance of the exact anatomopathological results (histological type and grade) and the histological grade alone (high or low grade) between the diagnostic biopsy and the surgical specimen were calculated and compared for the following methods: endometrial aspiration, curettage and hysteroscopy (diagnose and operative).

Results From the 824 analyzed patients, 628 had histological results from both a diagnostic biopsy and the surgical specimen. The diagnosis methods analyzed were: endometrial

Abstract 398 Table 1 Hystological concordance between biopsy and final specimen in different diagnosic

	Exact concordance	Grade Concordance
Endometrial aspiration	53.8%	73.1%
Curettage	51.5%	71.3%
Hysteroscopy	51.1%	64.1%

Abstract 398 Table 2 Proportion concordance diagnose comparison between different diagnosis methods

	Exact concordance	p	Grade Concordance	p
Aspiration x Hysteroscopy	53.7% (0.436-0.639) x 51.7% (0.459-0.562)	p=0.32	73.1% (0.641-0.821) x 64.1% (0.592-0.69)	p=0.05
Curetage x Hysteroscopy	51.5% (0.439-0.591) x 51.1% (0.459-0.562)	p=0.47	71.3% (0.644 - 0.781) x 64.1% (0.592 - 0.69)	p=0.05
Aspiration x Curettag	53.8% (0.436-0.639) x 51.5% (0.439-0.591)	p=0.36	71.3% (0.643-0.781) x 72.1% (0.626-0.816)	p=0.55

aspiration, curettage and hysteroscopy. The proportion of anatomopathological concordance between biopsy and surgical specimen can be seen in table 1. The exact concordance taking into account the histological type and grade was analyzed and in a second analysis the histological grade alone was evaluated. table 2 shows the comparison of the different methods. **Conclusions** Endometrial cancer diagnosis through endometrial aspiration or curettage had a better correlation of the histological grade with the surgical specimen when compared to hysteroscopy. In addition, endometrial aspiration is a cheaper and more accessible method than hysteroscopy and should therefore be stimulated as a diagnostic method for endometrial cancer.

IGCS19-0241

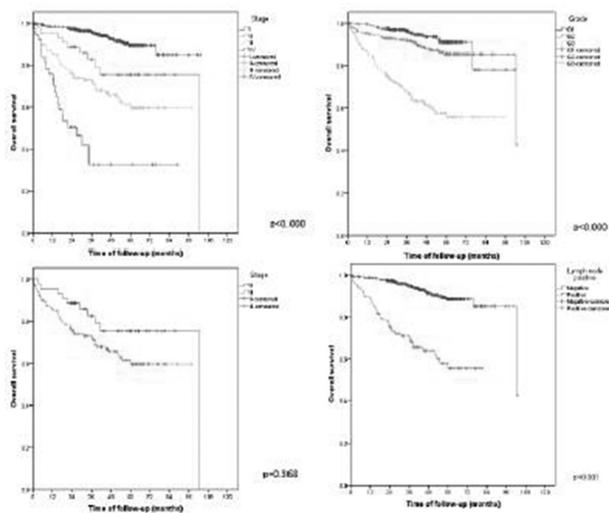
399 TEN YEARS OF ICESP – PROFILE OF ENDOMETRIAL CANCER TREATMENT

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Objectives To describe the characteristics of patients with endometrial cancer treated in a reference cancer center in São Paulo, Brazil.

Methods This retrospective study included 703 patients with endometrial cancer diagnosis assisted at the ICESP from 2008



Abstract 399 Figure 1 Overall survival related to different endometrial cancer parameters

Abstract 399 Table 1 Clinical, pathological and surgical characteristics

		N
Age		69.2 (27.9-92.4)
	≤ 50 years	37(5.3%)
	> 50 years	666(94.7%)
BMI		31.5(16-58.9)
Race	Caucasian	550(78.2%)
	Black	151(18.6%)
	Others	20(2.8%)
Histological type	Endometrioid	567(80.7%)
	Serous	90(12.2%)
	Clear cell	28(4.0%)
	Others	19(2.1%)
Grade [endometrioid]	G1-G2	467(82.4%)
	G3	99(17.5%)
Tumor size		4(0-17)
	Present	280(29.5%)
	Absent	472(67.3%)
	Unknown	23(3.3%)
FIGO stage	IA	298(42.4%)
	IB	151(21.5%)
	II	50(7.1%)
	IIA	40(5.7%)
	IIIB	11(1.6%)
	IIIC1	49(7.0%)
	IIIC2	58(8.4%)
	IVA	7(1.0%)
	IVB	38(5.4%)
Surgery type	Laparotomy	182(25.9%)
	Laparoscopic	480(68.8%)
	Robotic	43(6.1%)
	Vaginal	2(0.3%)

*LVI: Lymphovascular invasion

to 2018. Patient data were collected from electronic records. All the diagnoses were based on the anatomopathological study of surgical specimens. Other data analyzed were age at diagnosis, race, body mass index, histologic type and grade, and surgical staging according to the FIGO (2009) criteria. Treatment outcomes were reported according to histological type, surgical FIGO stage, lymph-vascular space involvement and lymph node metastasis.

Results Seven hundred and three patients were analyzed according to their clinical, pathological and surgical characteristics (table 1). The presence of lymph-vascular space invasion was associated with a worse overall survival. The median of tumor size was 4 cm. Overall survival in 5 years was 85.3%. Patients with stage II and III had the same overall survival. Overall survival according to stage, lymph-vascular space invasion and grade can be seen in figure 1.

Conclusions Patients assisted at the ICESP in the last ten years presented with large tumors (4 cm). Lymph-vascular space invasion, histologic grade and stage had an influence on patients' overall survival. Stage II and III patients presented similar overall survival rates in 5 years.