Results Patients underwent surgery by laparotomy - 22 surgeries (17.46%), by laparoscopy - 86 (81.13%) and by robotic - 18 (16.98%). SLN detection rate was 84.1% (n=106), bilateral in 53% (n=67) and mostly in younger patients (59.7%) under 60y.o., p=0.022). There was a higher failure rate (non or unilateral detection) among older than 60y.o. (p=0.0075, CI:0.1656–0.7928, OR:0.3664). Among non-smokers, there was a greater bilateral detection of LNS (60.3%), and, among smokers, more cases of detection failure (59.4%). In 3 cases, the SLN was not identified, and there were positive pelvic nodes in the lymphadenectomy. There were no cases with positive nodes at lymphadenectomy with a negative SLN (false-negative). Four patients had grade 3 complications, and none died.

Conclusion We have demonstrated that residents and fellows can safely perform SLN biopsy for initial CC and EC under the direct supervision of a trained surgeon. Detection rates were aligned to the literature, and there were no false negatives. Lymph node positivity, age over 60y.o. and smoking were associated with a higher SLN non-detection rate.

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386 DIAGNOSTIC SIGNIFICANCE OF P53, P16, WT1 IN LAVAGE SAMPLES FROM UTERINE CAVITY FOR SEROUS OVARIAN CANCER DETECTION

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Purpose According to modern concepts serous ovarian cancer originate from epithelial cells of fimbra part of fallopian tube and can exfoliate cells. In this study we decided to evaluate the diagnostic significance of the expression of main cytological markers which are widely used for serous ovarian cancer detection (p53, p16, wt1) in lavage samples from uterine cavity.

Patients and Methods Lavage samples from the uterine cavity was obtained from 221 patients including patients with serous ovarian cancer (high-grade-51, low-grade-20), 50 patients with benign ovarian tumors, 50 patients with metastatic lesions of the ovaries and 50 women without oncologic pathology. Cytospin multilayer preparations were made and cytological examination and immunocytochemical analysis with monoclonal antibodies to p53, p16, wt1 were performed on a Ventana immunohystostinner (BenchMarkULTRA).

Results The p53 marker showed the greatest diagnostic significance in the group of serous high-grade carcinomas (n=51): p53 expression was positive in 31 of 51 (61%) observations. The positive reaction of the wt1 marker was observed in 24 of 51 (47%) cases, p16 expression - in 25 of 51 (49%) cases. In the group of patients with low-grade carcinomas (n = 20), in contrast to the group of patients with high-grade tumors, a positive reaction of the p53 marker was observed in 3 of 20 cases (15%), p16 -in 2 (10%), wt1 -in 12 (60%).

Conclusion This data shows that serous ovarian cancer tumor cells are shed and can be collect in uterine cavity and this approach can be used in clinical practice.