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 fimbria 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 ware 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.

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387 ESTROGEN-RELATED RECEPTOR ALPHA (ESRRA) COPY NUMBER VARIATION IS ASSOCIATED WITH HISTOLOGICAL GRADE IN OVARIAN CANCER

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Background Copy number variations (CNVs) are related to the genetic and phenotypic diversity among cancers. Identifying genetic alterations of ovarian cancer could benifit treatment strategies. We explored the association of estrogen-related receptor alpha (ESRRA) copy number variation (CNV) in patients with ovarian cancer using The Cancer Genome Atlas (TCGA).
Methods Gene expression data and clinical infomation were obtained from TCGA for 620 ovarian cancer patients. The association between ESRRA CNV and with clinical characteristics was evaluated by using the TCGA ovarian cancer dataset. Multivariate logistic regression analysis with odds ratio (OR) using a 95% confidence interval (CI) was performed adjusting for race, age, histological grade, and tumor size.
Results ESRRA CNV was associated with histological grade [OR 0.6235 (95% CI, 0.3593 ~ 0.8877) P<0.05] and PPARGC1A CNV [OR -0.6298 (95% CI, -0.9011 ~ -0.3585) P<0.05] in patients with ovarian cancer. On multivariate analysis, ESRRA CNV remained significantly associated with histological grade [OR 0.6492 (95% CI, 0.3549 ~ 0.9435); P<0.05] and PPARGC1A CNV [OR -0.6236 (95% CI, -0.9269 ~ 0.3203); P<0.05].
Conclusions ESRRA CNV in patients with ovarian cancer was associated with histological grade. Futher studies should be conducted to make ESRRA a potential marker for targeted molecular therapy in ovarian cancer.

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388 ABDOMINAL INCISION SITE RECURRENCE IN A PATIENT WITH ENDOMETRIAL ADENOCARCINOMA

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Endometrial cancer is frequently diagnosed at an early stage and exhibits a good prognosis. However, 10–15% of tumors recur usually within 3 years, commonly at the vaginal vault and pelvis. Only a number of case reports exist for tumor recurrence in an abdominal incision site. We present a case of a 71-year old Filipina, a diagnosed case of Endometrial Adenocarcinoma Stage IIIA s/p surgery and chemoradiation, who presents with an enlarging abdominal mass of one-year duration at the inferior aspect of the surgical scar after 8 years of no evidence of disease. Physical examination revealed a 6 × 4 cm, friable, movable, nontender suprapubic mass. Surgical resection showed that the mass was confined to the abdominal wall, with no evidence of extension into the abdominopelvic cavity. Histopathology of the mass revealed adenocarcinoma, confirming tumor recurrence in an atypical location.