metastasis in primary low-grade ovarian cancer. Further prospective trials evaluating LVI and Ki-67 as a predictor of lymph-node metastasis should be planned.

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**464** COMPARISON OF DIFFERENT METHODS TO DETERMINE MYOMETRINAL INVASION IN ENDOMETRIAL CANCER – A NATIONWIDE SWECGG STUDY

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**Abstract**

**Background** Deep myometrial invasion (MI) (≥50%) is a prognostic factor for lymph node metastases and poorer survival in endometrial cancer. There is no consensus regarding which pre/peroperative diagnostic method should be preferred.

**Aim** To explore the pattern of different diagnostic methods for MI assessment in Sweden and to evaluate differences between MRI, vaginal ultrasound, frozen section and gross examination in clinical practice.

**Methods** Women with endometrial cancer registered in the Swedish Quality Registry for Gynecologic Cancer (SQRGC) between January 2010 and December 2019 were eligible. Inclusion criteria were FIGO stage I-II and available information on histology and on assessment of MI. Data on age, histology, FIGO stage, degree of MI, histology results, method for MI assessment and hospital level were collected from the SQRGC. The final assessment by the pathologist on specimens from hysterectomy was the golden standard.

**Results** The study population included 1,950 women, 33% (n=649) had a MI ≥50%. The methods used for MI assessment were vaginal ultrasound in 54%, MRI in 22%, gross examination in 13% and frozen section in 11% of cases. Age, histology or FIGO stage did not differ between the methods. The sensitivity, specificity and accuracy of vaginal ultrasound was 61.2%, 83.3% and 0.75% respectively, and for MRI 74.2%, 72.7% and 0.73%. The highest accuracy was for frozen section; 95.0%.

**Conclusion** The assessment of deep myometrial invasion in endometrial cancer is most often performed with vaginal ultrasound in Sweden. The sensitivity of this method is lower in clinical practice than for MRI and perioperative methods.