40.8 to 42.9 with an annual percent increase (AAPC) of 0.5% per year (p<0.05). The 65–69 year old group had the highest incidence (185.4). With respect to race, the highest baseline incidence was in Blacks at 49.5 that increased 2.3% per year (AAPC). Whites had an incidence of 43.6 with an annual percent increase of only 0.4%. The Hispanics had an incidence of 35.0 (AAPC=1.1%), then Asians incidence 24.0 (AAPC=1.3%). The intersectionality of age and race showed that the group with the highest risk was 65–69 year old and Black with an incidence of 281.1 (AAPC=2.3%).

Conclusion The intersectionality of age and race found age 65–69 Black women with the highest incidence of uterine cancer with a six-fold increase compared to the general population, using hysterectomy-corrected data. Further studies are warranted to determine potential genetic, social-determinant, or environment exposures to explain these findings.

IGCS20_1179

| 31 | SURVIVAL OUTCOMES IN ENDOMETRIAL CANCER PATIENTS HAVING LYMPHADENECTOMY, SENTINEL NODE MAPPING FOLLOWED BY LYMPHADECTOMY AND SENTINEL NODE MAPPING ALONE: LONG-TERM RESULTS OF A PROPENSITY-MATCHED ANALYSIS |

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Objective Sentinel node mapping (SLNM) has replaced lymphadenectomy for staging surgery in apparent early-stage endometrial cancer (EC). Here, we evaluate long-term survival of three different approaches of nodal assessment in EC.

Methods This is a multi-institutional retrospective study evaluating long-term outcomes (at least 3 years) of patients having lymphadenectomy, SLNM followed by lymphadenectomy and SLNM alone. We applied a propensity-matched algorithm. Survival outcomes were assessed using Kaplan-Meier and Cox proportional hazard models

Results Applying a propensity score matching algorithm we selected 180 patients having SLNM (90 SLNM vs. 90 SLNM followed by lymphadenectomy). Additionally, a control group of 180 patients having lymphadenectomy was selected. Overall, 10% of patients were diagnosed with positive nodes. Low volume disease was observed in 16 cases (5 micrometastasis and 11 isolated tumor cells). Patients having SLNM followed by lymphadenectomy had a higher possibility to be diagnosed with a stage IIIC disease in comparison to lymphadenectomy alone (p=0.02); while we did not observe a difference in the diagnostic value of SLNM followed by lymphadenectomy and SLNM (p=0.389). Median follow-up time was 69 (7–206) months. There were no statistical differences in terms of disease-free (p=0.570, log-rank test) and overall survival (p=0.911, log-rank test); Similarly, they did not impact on survival outcomes after stratification by low, intermediate and high-risk patients.

Conclusions Our study highlighted that SLNM provides similar long-term oncologic outcomes than lymphadenectomy, even in high-risk patients. Further evidence is warranted to assess the prognostic value of low volume disease detected by ultrastaging in patients following SLNM.

Oral Poster – TAPED
Oral Featured Posters – Pre-Recorded
IGCS20_1018

| 32 | DEVELOPMENT OF A TRIAGE TOOL INCLUDING HE4, D-DIMER, AND FIBRINOGEN FOR THE ASSESSMENT OF WOMEN PRESENTING WITH PELVIC MASSES |

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Introduction 10% of pre- and 20% of post-menopausal women presenting with a pelvic mass will receive a diagnosis of ovarian cancer (OC). Algorithms are being formulated to improve on CA125 alone in classifying women presenting with pelvic masses as high or low risk for OC. The aim of this study was to evaluate novel biomarkers HE4, the Risk of Ovarian Malignancy Algorithm, the Risk of Malignancy Index I and II, D-dimer, and fibrinogen, alone or in combination, compared to CA125.

Methods Pre-operative serum samples were collected from 274 patients undergoing primary debulking surgery in an Irish tertiary referral centre. Logistic regression models and ROC curves were fitted for each biomarker alone and in combination. The partial area under the curve (pAUC) in the 90–100% specificity range was determined. Biomarker cutoffs were calculated at 90–100% and 98% specificity.

Results There were 89 pre- and 185 post-menopausal women, consisting of 144 benign, 41 borderline, and 89 OC cases. In the premenopausal group, no biomarker(s) outperformed CA125 (AUC 0.73; 95% CI 0.63–0.84). In the postmenopausal group, HE4 + D-dimer + fibrinogen outperformed CA125 alone (AUC 0.83 versus 0.77, p= 0.023). HE4 + D-dimer had the highest pAUC at 72.59 (95% CI 66.16–79.72) and outperformed CA125 (p = 0.001).

Conclusion The addition of biomarker(s) to CA125 does not increase OC detection in premenopausal women. A novel biomarker panel (HE4 + D-dimer + fibrinogen) improved the diagnostic accuracy of CA125 alone in postmenopausal women and could aid in the preoperative triaging of pelvic masses.

IGCS20_1067

| 33 | MOLECULAR SUBTYPE DIAGNOSIS OF ENDOMETRIAL CARCINOMA: COMPARISON OF NGS PANEL AND PROMISE CLASSIFIER |

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Objectives The molecular classification of endometrial carcinoma (EC) is taking the diagnosis on EC to a more comprehensive level and will aid to better identify those patients whose disease is likely to behave differently than predicted when using traditional risk stratification. We are transitioning