

Results The study included 155 patients, with 92 patients classified as patients with 'Visually-Pathologic diaphragmatic peritoneum' (group-1) and 63 as patients with 'Visually-Suspected diaphragmatic peritoneum'(group-2).

In group-1, all diaphragmatic specimens resulted positive, while group-2 showed 19% of patients with negative histological results and 81% with positive specimens.

Visual examination showed a sensitivity of 64.3% and a specificity of 100%. PPV has been of 100% while NPV has been of 19%. Accuracy was of 67% ($k=0.218$).

Frozen section evaluation was applied in 28 cases, and showed an accuracy of 92.6% ($k=0.700$).

Conclusions Visually suspected areas often hide micro-macroscopic residual disease after chemotherapy. Frozen section of suspicious areas could be the key to perform a patient tailored surgery.

IGCS20_1035

73 STUDY OF LIPID PROFILE AND THYROID HORMONES IN PATIENTS WITH UTERINE FIBROIDS

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Background Uterine fibroids (UFs) are the common gynecological neoplasms of unknown etiology affecting many women of reproductive age. We aimed to investigate the association between UF and thyroid hormones and lipid profile.

Materials and Methods Thirty six (14 cases and 22 controls) were enrolled. Cases were those having at least one uterine fibroid > 10 mm detected on ultrasonography, while controls were those having no uterine fibroids. Clinical history and anthropometric parameters were collected for every woman. Lipid profile, TSH, ft4, ft3 were evaluated on plasma from participants. The control group age was 38.36 ± 1.773 , and study group - 44.5 ± 1.715 . $P < 0.05$ was considered statistically significant, respectively.

Results As the studies revealed, it's according to lipid Profile, triglycerides level were 2-fold elevated in study population. Also, TSH was elevated 1.2 times ($P=0,0248$, respectively).

Conclusion Our Experimental studies suggest a possible association between thyroid function and UFs. Blood lipid levels are a crucial part of the metabolic syndrome, accordingly have some implication in UFs.

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74 REGIONAL REVIEW OF ENDOMETRIAL CANCER OUTCOMES IN KENT AND MEDWAY, UK

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Introduction Randomised Control Trials have not demonstrated a survival benefit for pelvic lymphadenectomy (PL)

in endometrial cancer (EC) surgery, but it has been advocated to triage high and intermediate risk disease to avoid external beam radiotherapy (EBRT) in node negative patients. A recent review of the Cancer Outcomes and Services Data in England, showed geographical variations in PL and EBRT rates, identifying Kent and Medway (K&M) Alliance as an outlier with high PL rates. We reviewed granular patient data of the K&M cohort to assess the clinical indications for PL, its impact on triage of adjuvant EBRT, and clinical outcomes.

Methods Retrospective case review EC cases in 2013–2016 in two gynaecological oncology centres and two district hospitals in K&M.

Results 668 of 815 cases were accessed. 295/550 (53%) FIGO stage IA to IIIC undergoing primary surgery had PL. This group had a higher recurrence rate (47/295,16%), compared to no PL (17/255,7%). 88/295 (30%) had EBRT following PL, 70% of which had proven extrauterine disease (FIGO stage II to IIIC). Recurrence after PL + EBRT (24/88,27%) was higher than PL only (23/207,11%) but most were systemic disease outwith the EBRT field. There was no significant difference in pelvic recurrence between these high/intermediate risk cohorts triaged for EBRT with PL.

Conclusions PL at primary surgery enabled management of selected node negative intermediate/high risk histology EC without adjuvant EBRT, with comparable pelvic recurrence to irradiated node positive cases. A comparison of outcomes from the national cohorts comparing varying management pathways would provide further insight into the impact of these interventions.

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75 INCIDENCE OF LYMPH NODE METASTASIS IN APPARENT EARLY STAGE ENDOMETRIOID OVARIAN CARCINOMA

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Introduction Aim of the present study was to evaluate the incidence of lymph node metastasis among patients with apparent early stage endometrioid ovarian carcinoma (EOOC).

Methods Patients with apparent early stage EOOC, with known tumor grade and substage diagnosed between 2004–2015 were drawn from the National Cancer Database. Performance of lymph node sampling/dissection (LND) and incidence of LN metastases were evaluated from the pathology report.

Results A total of 9725 patients with apparent early stage EOOC were identified; 44.4%, 40.5% and 15.1% had grade 1, 2 and 3 tumors respectively. 7480 (76.9%) underwent LND with a median of 12.5 LNs removed. The overall incidence of LN metastasis was 2.2%; specifically, 1.2% for grade 1, 2.2% for grade 2, and 5.1% for grade 3 tumors ($p < 0.001$). For patients with apparent stage IA disease, LN metastases were identified in 0.7%, 1.7%, and 4.9% of grade 1, 2, and 3 cases, respectively, $p < 0.001$. For patients with apparent stage IC disease, LN metastases