Study Design  Enrolled patients were randomly allocated in two groups according to the use (Group A) or no use (Group B) of the uterine manipulator.

The variables collected included baseline demographic characteristics, perioperative data, final pathology report, adjuvant treatment, and follow-up.

Results  154 patients were randomly allocated in Group A (n=78) and Group B (n=76). A statistically significant difference was found in OT for the laparoscopic staging (p=0.005), while no differences were reported for the robotic procedures.

The EBL was significantly lower in Group B (p=0.030). Only one conversion to laparotomy (1.3%) occurred in Group A. Comparable results were recorded in terms of peritoneal cytology, LVSI (p=0.584), and pattern of lymphovascular spread (p=0.790).

With a median follow-up of 38.7 months, no differences were detected in terms of OS and DFS, and in the number of recurrences. The uterine manipulator had no impact on DFS both at univariate and multivariable analysis.

Conclusions  The intrauterine manipulator does not affect the perioperative and oncological outcomes of presumed low-risk endometrial cancer patients undergoing laparoscopic/robotic staging.

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9 FRAILTY IS INDEPENDENTLY ASSOCIATED WITH WORSE OUTCOMES AND INCREASED RESOURCE USE FOLLOWING PROCEDURES TO TREAT ENDOMETRIAL CANCER

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Conclusion/Implications  Frailty is independently associated with worse surgical outcomes, including mortality, and increased resource use in women undergoing surgery for EC. Though there have been improvements in mortality in more recent years, further efforts to mitigate the impact of frailty should be explored.

Plenary III

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10 THE LEARNING CURVE OF ROBOT-ASSISTED LAPAROSCOPY HAS IMPACT ON THE ONCOLOGICAL OUTCOMES OF EARLY STAGE CERVICAL CANCER PATIENTS

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Introduction  Previous learning curve studies are focused on short term surgical outcomes of robot-assisted surgery. We are