Methodology In our randomized pilot study, ten patients were tested using FRD staining solution. In all 10 patients HPV Test, Pap Smear, and Colposcopy were also performed. These four methods were evaluated in regard to the histopathological findings of the targeted biopsy.

Results The sensitivity and specificity of FRD staining solution were 100% and 50%, respectively.

Conclusion The advantage of the FRD method is that the results are immediate. Another benefit of this test is that it can predict the location of cervical dysplasia both on the cervix and in the canal itself.

Further study could be useful to check if overall accuracy for screening is improved when FRD is used as a co-test with HPV testing.

Disclosures None.

Endometrial cancer

A PILOT STUDY FOR THE VALIDATION OF SENTINEL LYMPH NODE BIOPSY WITH INDOCYANINE GREEN FLUORESCENCE METHOD IN EARLY ENDOMETRIAL CANCER AT FUNDACIÓN JIMÉNEZ DÍAZ UNIVERSITY HOSPITAL

José García Villayzan.

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Introduction/Background Sentinel Lymph Node Biopsy is a technique developed to predict lymphatic involvement in patients with early endometrial cancer, decreasing the morbimortality associated with routine systematic lymphadenectomy and improving quality of life.

Methodology Main Objective: To determine the detection rate and negative predictive value of the Sentinel Lymph Node Biopsy by Immunofluorescence in patients with early endometrial cancer.

Secondary Objective: To determine the morbidity and mortality associated with Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy.

To determine the quality of life of the patients who only underwent Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy.

Method A descriptive observational study in patients with early endometrial cancer (FIGO stage I-II) for all histological types and grades, who underwent the Sentinel Lymph Node Biopsy by immunofluorescence Technique and/or systematic...
lymphadenectomy between June 2019 and March 2020 at the Fundación Jiménez Díaz University Hospital.

We used indocyanine green powder for injection, with a concentration of 25 milligrams (mg). We proceeded to dissolve it in 10 cubic centimeters (cc) of distilled water to avoid precipitation of the marker; obtaining a final concentration of 2.5 mg. After which, we injected 2 cc of the prepared solution into the cervix at the 3 and 9 o’clock positions at a depth of 1 cm through Abbocath N° 12G (figure 1).

Results
Eighteen patients were included, analyzing a total of 26 sentinel nodes: 24 pelvic and 2 paraortic; and a total of 273 lymph nodes (sentinel and non-sentinel nodes): 83 right pelvic, 86 left pelvic and 104 paraortic. All nodes were negative for metastasis.

Global and bilateral detection rates were 77.78% and 50% respectively. The Negative Predictive Value and sensitivity were 100%. No significant difference in morbimortality was found between performing only Sentinel Lymph Node technique or systematic lymphadenectomy; but the association with quality of life was significant, with better results for those who only underwent the sentinel lymph node technique versus systematic lymphadenectomy (0% vs 77%).

However, we observed at the beginning of the study bilateral detection was very limited. This could have been due to a failure in the tracer injection technique in our first 10 patients. Since the standardization of the technique we obtained a considerable improvement in bilateral detection; 87.5% (before technical standardization 20%). This supports the theory that technique is the most important factor in detection (Rossi, 2019). On the other hand, it is important to assess the learning curve, considered an independent factor that can influence the quality of the technique (table 1).

Conclusion
The global and bilateral detection rates of the Sentinel Lymph Node Technique by immunofluorescence were 77.78% and 50% respectively, obtaining a Negative Predictive Value and Sensitivity of 100%. Sentinel Node Biopsy is a valid technique to predict lymphatic affection in early endometrial cancer, with lower morbimortality than systematic lymphadenectomy (figure 2).

Disclosures
No conflict of interest to disclose.

**Abstract 589 Table 1** Comparison of the cases according to the learning curve and improvement of the technique

<table>
<thead>
<tr>
<th>First 10 patients</th>
<th>Last 8 patients</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>64.50 ± 11.65</td>
<td>64.25 ± 9.94</td>
</tr>
<tr>
<td>BMI</td>
<td>27.26±3.32</td>
<td>27.20 ± 4.57</td>
</tr>
<tr>
<td>N° SN MAPEADOS</td>
<td>1 (0 - 3)</td>
<td>2 (1 - 3)</td>
</tr>
<tr>
<td>N° SN FALLADOS</td>
<td>1 (0 - 2)</td>
<td>0 (0 - 1)</td>
</tr>
<tr>
<td>N° TOTAL SN</td>
<td>17 (1-42)</td>
<td>21(1-44)</td>
</tr>
</tbody>
</table>

BMI: Body mass index(kg/m²), SN: Sentinel Node.

**Abstract 589 Figure 1** Common themes identified in the experience of reproductive aged women with early EAC