CANCER CELL STEMNESS AND COLLAGEN REGULATORS
OF STEMNESS IN UTERINE SEROUS CARCINOMA (USC)
MIRROR OVARIAN SEROUS CANCER (OSC) CELL
STEMNESS: EVIDENCE EMERGING FROM ARK1-USC

Introduction/Background ARK1-USC, a highly annotated USC-derived cell line with a clinically relevant mutation spectrum, is employed in vitro and in vivo for translational studies of novel OSC therapies. In ovarian cancer, stemness and malignancy-supporting collagen microenvironment coincide. Both promote resistance to therapy. Considering the shared histological and molecular characteristics of USC and OSC, we hypothesized that USC cells likewise display ovarian markers for stemness and collagen regulators of stemness. We tested this prediction in ARK1-USC.

Methodology Profiling of the time-dependent transcriptome, with flow cytometric analysis of select protein markers.

Results ARK1-USC expressed the repertoire of cancer stem cell (CSC) markers of ovarian malignancies, such as CD44, CD117, CD144, CD133, ROR1, and ALDH1A1. Relative to 12 h after plating, at 48 h expression was decreased (CD117, CD144, CD133, ROR1, and ALDH1A1). Relative to tumor map is available. The hybrid tracer with RT-ICG could be an alternative to conserve the advantages of both components. The objective of this study is to see the performance of the detection of SLN with RT vs RT-ICG using the TUMIR technique in patients with EC at risk.

Methodology It is a retrospective study which has included patients with stage I/II CE, high/intermediate risk. Detection of SLN has been performed using the TUMIR technique (figure 1) with RT (8 ml with 6 mCi of RT) between 2006 and 2017 or hybrid tracer RT-ICG (4 ml with 6 mCi of RT 0.05 ml of ICG (25 mg/5 ml)) between 2014 and 2019. A planar imaging of SLN has been performed using the TUMIR technique (figure 1) with RT (8 ml with 6 mCi of RT) between 2006 and 2017 or hybrid tracer RT-ICG (4 ml with 6 mCi of RT 0.05 ml of ICG (25 mg/5 ml)) between 2014 and 2019. A planar and tomographic lymphoscintigraphy (SPECT/CT) has been performed preoperatively (figure 2). After detection and excision of the SLN, a systematic pelvic and paraortic lymphadenectomy has been performed. The histological study of the SLN has been performed by H&E and IHC.

Results A total of 155 patients have been included (102 with RT and 53 with ICG-RT). The intraoperative SLN detection in the RT group was 79.4% (92.6% of pelvic drainage, 45.7% of paraortic drainage and 7.4% exclusively paraortic). In the RT group was 79.4% (92.6% of pelvic drainage, 45.7% of paraortic drainage and 7.4% exclusively paraortic).
of the patients had positive SLN (1.5% exclusively para-aortic). The percentage of false negative (FN) was 12.5%.

The intraoperative SLN detection in the RT-ICG group was 68% (56% of pelvic drainage, 33% of paraortic drainage, without cases with exclusively paraortic drainage). A bilateral drainage was found in 56% of the cases. The 11.1% of the patients had a positive SLN without FN cases.

Conclusion Detection of the SLN with RT is slightly higher than with hybrid tracer. The hybrid tracer obtains a higher percentage of SLN with bilateral pelvic drainage than RT and reduces the number of contralateral pelvic lymphadenectomies. The TUMIR technique allows detection of para-aortic SNs in more than 30% of patients, much higher than that obtained with other techniques.

Disclosures No disclosures.

**Abstract 443 Figure 1** Radiotracer injection using the TUMIR technique

**Abstract 443 Figure 2** Planar lymphoscintigraphy and presurgical SPECT/CT

**Abstract 443** SHOULD WE RE-STAGE AFTER POSITIVE SENTINEL NODE BIOPSY ON ENDOMETRIAL CANCER?

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Introduction/Background Approximately 10% of patients with intraoperative diagnosis of low risk Endometrial Cancer (EC) will suffer an upstage after the definitive histological evaluation of the piece of hysterectomy and bilateral adnexectomy. We aim to explore the results associated with the performance of pelvic and para-aortic lymphadenectomy as restaging these patients that will require a second surgery, and to compare