

multivariate analysis on the ESGO/ESMO/ESTRO risk class classification and results were statistically significant for both DFS ( $p=0,003$ ) and OS ( $p=0,0001$ ).

**Conclusion** Almost all the considered prognostic factors influence the presence of recurrence, but the stage is the most important factor while LVSI correlates with distance metastasis. The definition of the risk factors must be considered to develop targeted therapeutic pathways.

**Disclosures** The authors declare that the research was conducted in the absence of any commercial or financial relationship that could be construed as a potential conflict of interest.

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#### METFORMIN AS A PREVENTIVE AND THERAPEUTIC MODALITY IN ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROL TRIALS

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**Introduction/Background** Endometrial cancer (EC) is the most commonly diagnosed gynecological malignancy in the developed countries. Obesity, diabetes mellitus and infertility are some of the contributory factors. Some patients with EC wish to preserve their fertility or others have several comorbidities that contraindicate surgery. These groups of patients could benefit from a conservative treatment strategy such as the use of metformin. This agent is an option in women with increased EC risk as well as in those with atypical endometrial hyperplasia.

**Methodology** We evaluated the protective effects of metformin in EC patients, its preventive role in breast cancer and obese patients and its effectiveness, safety and efficacy in addition to progesterone monotherapy in treatment of fertility sparing candidates. We reviewed the literature and then conducted a meta-analysis of the relevant parameters. A total of 6 studies was included in the meta-analysis.

**Results** Comparing the pre-surgical treatment with metformin versus placebo, meta-analysis of mean difference in Ki-67 after treatment among two groups, revealed no difference (MD -7.10, 95% CI -23.31 to 9.11,  $p=0.39$ ). Meta-analysis of fertility sparing EC management with a combination of megestrol acetate (MA) and metformin (500 mg three times a day) in comparison with monotherapy with 160 mg daily MA revealed no difference in either complete response or partial response rates (166 patients OR 2.94, 95% CI 0.85 to 10.15,  $p=0.09$  and 166 patients OR 0.76, 95% CI 0.34 to 1.66,  $p=0.49$ , respectively). Regarding breast cancer survivors under tamoxifen, metformin was related with significantly reduced median endometrial thickness after 52 weeks of evaluation when compared to women in placebo group (2.3 mm vs 3.0 mm,  $p=0.05$ ).

**Conclusion** Metformin neither was found to have a preventative role against the development of endometrial cancer nor a beneficial one in addition to the progesterone monotherapy for EC fertility sparing candidates. However, metformin was found to be protective in breast cancer survivors under tamoxifen.

**Disclosures** Nothing to disclose.

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#### COMBITEC: MULTICENTRIC RETROSPECTIVE STUDY ON SENTINEL LYMPH NODE DETECTION BY COMBINED ICG + 99MTC VERSUS EXCLUSIVE ICG IN ENDOMETRIAL CANCER

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**Introduction/Background** Despite its extended use, there is scarce evidence about the combined use of 99mTc-albumin nanocolloid (99mTc) and indocyanine green (ICG) for the detection of sentinel lymph node (SLN) in endometrial cancer, when compared to ICG alone. The aim of this study is to compare the detection parameters of both methods.

**Methodology** Multicentric retrospective study (November 2015-June 2020) including patients diagnosed with endometrial atypical hyperplasia or initial preoperative stage endometrial carcinoma (FIGO I-II) who underwent SLN biopsy by cervical injection of: a) ICG intraoperatively, or b) 99mTc preoperatively, and ICG intraoperatively (ICG+99mTc).

**Results** A total of 180 patients were included, 51% ( $n=92$ ) in the ICG group and 49% ( $n=88$ ) in the ICG+99mTc group. 86.7% of the patients presented endometrioid histology, and 58.7% were preoperatively classified as low risk, according to the ESMO/ESGO/ESTRO criteria. The vast majority of the procedures (99.4%) were performed by a minimally invasive approach. Both groups were comparable regarding their basal characteristics, except for a higher body mass index (27.6 vs. 30.3 kg/m<sup>2</sup>,  $p=0.014$ ) in the ICG+99mTc group and a bigger proportion of robotic-assisted procedures (54.4 vs 29.6%,  $p=0.001$ ) in the ICG group.

Global detection rate was 92.8% (IC 95%: 88.0-95.7), without statistically significant differences among groups (ICG:94.6% vs ICG+99mTc:90.9%,  $p=0.344$ ). No significant differences were observed in the pelvic bilateral mapping rate (71.6%, ICG:70.7% vs ICG+99mTc:71.6%,  $p=0.890$ ) or the aortic mapping rate (5.6%, ICG:8.7% vs ICG+99mTc:2.3%,  $p=0.058$ ).

When ICG+99mTc was used, surgical procedures were 30 minutes longer when compared to ICG (150 vs 180 min,  $p=0.003$ ). In 12 patients (6.7%) at least one positive SLN was found (ICG:9.8% vs ICG+99mTc:3.4%,  $p=0.164$ ).

No significant differences were observed regarding the empty node packets rate or the number of SLNs retrieved per patient. There were no patients with a positive lymphadenectomy specimen and a negative SLN, thus sensitivity was 100%.

**Conclusion** Combining preoperative 99mTc to intraoperative ICG did not improve SLN detection in endometrial cancer, but resulted in longer procedures.

**Disclosures** Nothing to disclose.

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#### PREDICTIVE ROLE OF RADIOMIC FOR POST-OPERATIVE COMPLICATIONS OF LYMPHADENECTOMY IN EC PATIENTS

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