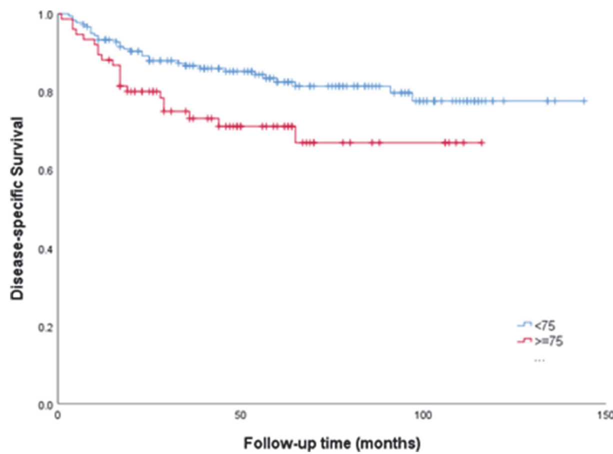

Abstract 632 Figure 1

Result(s)* In total 283 patients were included, 185 were classified as NOP while 98 as OP. No differences were found in disease characteristics. Laparoscopy was performed in 82% of patients. Both pelvic and para-aortic lymphadenectomy were performed more frequently in NOP than in OP (56,8% vs. 36,7%; p<0,01 and 45,9 vs. 22,9%; p<0,01). Rates of intra-operative (6,5% vs 12,4%, p=0,12) and post-operative (13,5% vs 20,6% p=0,13) complications were similar between NOP and OP respectively, as well as the severity of complications according to Clavien-Dindo classification (4,4% vs 7,4% grade III, 0,5% vs 0% grade IV, p=0,51). No differences were found in other surgical and post-operative variables. The 5-year disease-specific survival (DSS) rate was lower in OP (66,9% vs 86,0%, p=0,02). When analyzing only patients who underwent complete staging surgery (107 of the NOP and 35 of the OP), no differences were found in perioperative complications rate. In this subgroup, there were no differences in DSS between NOP and OP (78,1% vs 71,0%, p=0,64).

Conclusion* OP do not present a higher rate of perioperative complications compared to NOP. However, they underwent less lymphadenectomies and presented poorer DSS. Considering only patients in whom complete surgery was performed, OP presented similar DSS to NOP, without presenting a higher rate of perioperative complications.

657 ENDOCRINE THERAPY IN ADVANCED ENDOMETRIOID ENDOMETRIAL CANCER: A RETROSPECTIVE ANALYSIS OF CLINICOPATHOLOGIC FACTORS

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Introduction/Background* Endocrine therapy (ET) is a well-tolerated treatment strategy among women with low grade, hormone receptor positive advanced endometrioid endometrial cancer (EC).

Methodology In this retrospective cohort study, we identified patients with advanced endometrioid EC who were treated with ET between 2016-2018 by a medical oncologist at the Sunnybrook Odette Cancer Centre (Toronto, Canada). Descriptive analyses were performed. Median PFS from the time of starting ET and OS from diagnosis of advanced disease were assessed using Kaplan Meier methods. Predictors of PFS were evaluated using Cox regression models.

Result(s)* Twenty nine patients were included. Median age at diagnosis of advanced disease was 65.7 years. The majority of patients had grade 1 (55%) or grade 2 (29%) EC. Twenty three patients (79%) had ER and/or PR positive tumors (≥1% using immunohistochemistry); ER/PR status was negative in 1 case and unknown for 5 patients. Only 17% of patients received chemotherapy for advanced disease prior to starting ET. Letrozole (52%) and progestins (48%) were the most frequently used. Interestingly, the majority of patients (79%) received radiotherapy for oligoprogression while receiving ET.

Median PFS was 12.8 months. Median OS has not been reached, however, 73% of patients survived at least 4 years [95% Confidence Interval (CI) 56.4% to 95.5%]. Use of a progestin as first-line ET was associated with a longer PFS [Hazard Ratio (HR) 0.42; 95%CI 0.18-0.97, p=0.04], with a trend toward longer OS [HR 0.20; 95%CI 0.04-1.06, p=0.06]. Lack of oligoprogression requiring radiotherapy was associated with a longer PFS [HR 0.23; 95%CI 0.07-0.83, p=0.02], but not OS. Patient age, tumor grade, time to diagnosis of metastatic disease, stage at initial diagnosis, and use of chemotherapy prior to ET were not significantly associated with PFS or OS.

Conclusion* The clinical benefit of ET was greater in our cohort compared to prior published reports, possibly due to selection of patients with low grade and ER/PR positive tumors. The use of first-line progestins and lack of oligoprogression requiring radiotherapy were significantly associated with longer PFS in this small cohort.

680 SENTINEL LYMPH NODE IN ENDOMETRIAL CANCER: OUR EXPERIENCE IN THE UNIVERSITY HOSPITAL 12 DE OCTUBRE IN MADRID

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Introduction/Background* The goal of this study is to review the sentinel lymph node (SLN) in endometrial cancer in the University Hospital 12 de Octubre in Madrid from June 2016 to October 2020. The aim is to know the demographic and clinical features of the patients and to assess the outcomes of SLN in our population with technetium99 (Tc99), indocyanine green (ICG) or blue dye.

Methodology

Result(s)* From June 2016 to October 2020, 166 patients diagnosed with endometrial cancer underwent surgery in our hospital. In 34.4% (n= 57) of them SLN was performed and included in this review.

Demographic and clinical features are shown in table 1. 80.7% (n=46) were classified as low risk endometrial cancer and 19,3% (n=11) as intermediate risk.

Laparoscopy was the most frequent approach (96.4%). Median operative time was 203 minutes (IQR, 173 to 249).

A combined tracer technique was used in 75.4% cases. Most of them combining Tc99 and ICG (64.9%). Tc99 and blue dye were used in 10.5%. Only one tracer was used in

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