

Abstract 680 Table 1 Demographic and clinical features of the 57 included patients

	Mean/median	%
Age (years)*	60.2 (11.9)	
BMI (kg/m ²)**	28.6 (10.3)	
Menopause	No	28.1
	Yes	71.9
Arterial hypertension	No	57.9
	Yes	42.1
Diabetes mellitus	No	82.5
	Yes	17.5
Previous delivery	No	12.5
	Yes	87.5
Previous Tamoxifen intake	No	96.5
	Yes	3.5
Previous cervical surgery	No	93
	Yes	7

Abstract 680 Table 2 Tracer detection and migration for Tc99 and ICG/Blue dye

Tracer	N	%
SPECT-TC Tc99 detection		
No detection	7	15.2
Pelvic unilateral	10	21.7
Pelvic bilateral	29	63
ICG/Blue dye migration		
No migration	5	9.2
Pelvic unilateral	11	20.4
Pelvic bilateral	38	70.4

24.6% (Tc99 5.3%; ICG 17.5%; blue dye 1.8%). Cervix was the only injection site into submucosa and stroma.

In 89.5% of the patients, tracer migration was observed. Only 6 patients (10.5%) had no migration. In table 2, detection and migration data of the tracers are shown.

One hundred forty-four SLNs were detected. Right side (52.8%) was slightly more frequent than left side (47.2%). Most SLNs were located in external iliac area (40.5%), followed by iliac bifurcation (25.3%), obturator fossa (17.7%) and common iliac (13.9%).

In three patients isolated tumor cells were detected (5.2%) and one patient had macrometastases (1.8%). 93% of the patients had no pathological findings in SLNs.

Age was significantly higher in the no migration/no detection group in both Tc99 (70 vs 58.5 years; $p=0.01$) and ICG/blue dye (72.5 vs 59.4 years; $p=0.034$). No migration/detection differences were detected for other patient's features.

Conclusion* A combined tracer technique is an effective method to detect SLNs in low-risk endometrial cancer to check lymphatic spread. Older women in our series have lower tracer migration/detection.

683 INCIDENCE OF NODAL AND ISOLATED AORTIC METASTASES IN PATIENTS WITH SURGICALLY STAGED ENDOMETRIOID ENDOMETRIAL CANCER

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10.1136/ijgc-2021-ESGO.180

Introduction/Background* Our objective was to describe the incidence of lymph node metastasis in patients with surgically

staged endometrioid-type endometrial cancer in Donostia Hospital and evaluate the presence of isolated aortic metastasis. We believe, based on recent literature and our experience, that the number of lymph nodes involved in the aortic area is higher than traditionally reported.

Methodology A prospective observational study was conducted between 13 June 2014 and 31 December 2020 with 333 patients that underwent laparoscopic surgery for endometrial cancer at our institution. In all low, intermediate, high-intermediate and high ESGO/ESTRO/ESP 2020 prognostic risk cases, we performed sentinel lymph node (SLN) biopsy with dual cervical and fundal indocyanine green injection. All SLNs were processed with an ultrastaging technique. A total of 152 patients also underwent total pelvic and paraaortic lymphadenectomy.

Result(s)* The detection rates were as follows: 94% overall for SLNs; 91.3% overall for pelvic SLNs; 70.5% for bilateral SLNs; 67.2% for paraaortic SLNs, 53.6% in 3 areas. A median of one aortic node and two pelvic nodes were removed. We detected positive SLNs in 56 patients (16.8% of total cases); both pelvic and aortic SLNs were positive in 10 cases (representing 3% of the sample; 17.8% of the total number of patients with positive nodes), while only pelvic SLNs were positive in 32 (9.6%; 57.1%) and only aortic SLNs were positive in 14 (4.2%; 25%). Sorting by myometrial infiltration, <50% and \geq 50%, aortic isolated SLNs were positive in 4 and 10, representing 7.1% and 17.8% of the total with positive nodes (Fischer-Test Statistically significant), respectively.

Conclusion* In our series, the incidence of isolated aortic nodal metastasis is high compared with published reports. SLN biopsy allows a high rate of aortic detection, identifying a non-negligible percentage of isolated aortic metastases. Aortic metastases in endometrial cancer are possible and we should not give up actively looking for them. The highest rate of isolated aortic metastases occurred in patients with high-risk tumors, although there were also cases in patients with low-risk tumors.

687 ADVANCED ENDOMETRIAL CANCER SURGERY: WHAT REALLY IMPACTS ON SURVIVAL?

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10.1136/ijgc-2021-ESGO.181

Introduction/Background* Endometrial cancer is the most common gynecological malignancy and its incidence is increasing steadily. More than 10% of cases will present with advanced stage disease. In these patients, the role and the time of surgery needs further clarification.

Methodology Retrospective analysis of all advanced endometrial cancer cases treated in our department from 2012 to 2018 was performed. Demographic and clinical variables were collected. Charlson comorbidity index was used to assess comorbidity. The use of neoadjuvant chemotherapy and the type of cytoreductive surgery (primary or interval debulking), surgical variables and residual disease after cytoreduction (no macroscopic disease, optimal cytoreduction <1cm, residual >1cm or unresectable disease) were reported. Tumor characteristics were retracted from pathology reports. Descriptive