would need to be analyzed by TP53 IHC, only 46 (7.7%) by MMR IHC and 286 (48.1%) POLE sequencing reactions.

Conclusion Application of the 2021 molecular risk groups is feasible and shows significant differences in survival. IHC for TP53 and MMR and applying POLE sequencing is only needed in selected cases and leads to shifting risk groups both upward and downward for a sizeable number of patients. It is possible to significantly reduce the number of analyses required to implement the classification if resources are limited.

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**Introduction/Background** There is scarce evidence available about the benefit of combining technetium (99mTc) and indocyanine green (ICG) for sentinel lymph node (SLN) biopsy in endometrial cancer. The aim of this study was to compare the overall and bilateral pelvic detection rates of sentinel lymph nodes in two retrospective cohorts: ICG exclusive vs. combined ICG+99mTc.

**Methodology** Multicentre retrospective study (November 2015-June 2020) including patients diagnosed with endometrial atypical hyperplasia or early-stage endometrial carcinoma who underwent sentinel lymph node biopsy by cervical injection of ICG with or without 99mTc in four different referral centers in Spain.

**Result(s)** A total of 180 patients were included, 51% (n=92) in ICG group and 49% (n=88) in ICG+99mTc group. Eighty-six percent of the patients presented endometrioid histology, and over ninety-nine percent of the procedures were performed by a minimally invasive approach. Both groups were comparable regarding their baseline characteristics, except for a higher body mass index in ICG+99mTc group and a bigger proportion of robotic-assisted procedures in ICG group.

Overall detection rate was 92.8% and similar between groups (ICG: 94.6% vs ICG+99mTc: 90.9%, p=.34). No significant differences were observed neither in bilateral pelvic nor aortic mapping rate. When 99mTc was used, surgical procedures were significantly longer. In 6.7% of patients, at least one positive SLN was found (ICG:9.8% vs ICG+99mTc:3.4%, p = .164). Empty node packet rates and number of SLNs retrieved per patient were also similar between cohorts. No significant differences were observed neither in bilateral pelvic nor aortic mapping rate. When 99mTc was used, surgical procedures were significantly longer. In 6.7% of patients, at least one positive SLN was found (ICG:9.8% vs ICG+99mTc:3.4%, p = .164). Empty node packet rates and number of SLNs retrieved per patient were also similar between cohorts.

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**Introduction/Background** Sentinel node biopsy has been introduced as alternative to lymph node dissection for lymph node staging for endometrial cancer patients. This surgical video has the objective to show the feasibility of Indocyanine Green (ICG) sentinel node sampling using SPY Portable Handheld Imaging System during open endometrial cancer surgery.

**Methodology** 72 years old patient with diagnosis of endometrioid G2 endometrial cancer underwent open surgery due to anesthesiological and surgical contraindications.

**Result(s)** Laparotomy with total extracapsular hysterectomy, bilateral salpingophorectomy and bilateral lymph node biopsy was performed. Operative time was 110 minutes and blood loss was 200cc. Patient was discharged after 4 days without any complication.

**Conclusion** The use of SPY Portable Handheld Imaging System in open surgery seems to be a feasible and useful tool for the detection of SLN in endometrial cancer patients underwent open surgery.

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