Abstract 1019 Table 1 Treatment modalities of patients with UCS

Post-op FIGO stage	N (%)
Early-stage disease (FIGO I-II)	46 (56)
Late-stage disease (FIGO III-IV)	36 (44)
Early-stage treatment	
Surgery alone	16 (34.8)
Surgery and chemotherapy	4 (8.7)
Surgery and radiotherapy	17 (37)
Surgery and combined chemoradiotherapy	9 (19.5)
Late-stage treatment	
Surgery alone	7 (19.5)
Surgery and chemotherapy	16 (44.4)
Surgery and radiotherapy	4 (11.1)
Surgery and combined chemoradiotherapy	9 (25)

Abstract 1019 Table 2 Recurrence and survival outcomes of patients with UCS

Recurrence and survival outcomes of patients with UCS	N (%)
Recurrence	50 (61)
Early-stage disease (FIGO I-II)	22 (47.8)
Late-stage disease (FIGO III-IV)	28 (77.8)
Disease free five year survival	11/52 (21.2)
Early-stage disease (FIGO I-II)	9/29 (31)
Late-stage disease (FIGO III-IV)	2/23 (8.7)
Overall five year survival	13/52 (25)
Early-stage disease (FIGO I-II)	10/29 (34.5)
Late-stage disease (FIGO III-IV)	3/23 (13)

Conclusion* UCS is highly aggressive and has a poor prognosis. Significant rates of lymph node metastases have implications for adjuvant treatment in addition to high rates of relapse and distant metastases. Without an optimal treatment strategy established, discussions continue regarding adjuvant management as to potential improvements in prognosis. Whilst surgery remains the mainstay, multimodal treatment plans including combination of systemic chemotherapy followed by vaginal brachytherapy may be reasonable to address risks of both local relapse and distant metastases. In view of limited data and few prospective trials, we report on the results of our cancer network in contribution to evaluation of results of care in building a consensus for case management. We stress the importance of an individualised multidisciplinary team approach for management of UCS.

1030

ULTRASONOGRAPHIC ENDOMETRIAL THICKNESS AS A PREDICTOR OF THE RISK OF ENDOMETRIAL CANCER IN PATIENTS WITH POSTMENOPAUSAL BLEEDING

M Tanturovski*, I Alulovski, S Stojchevski, V Jovanovska, M Stojovski. *University Clinic of Gynecology and Obstetrics, Department of gynecologic oncology, Skopje, Macedonia*

10.1136/ijgc-2021-ESGO.225

Introduction/Background* Transvaginal ultrasound scanning (TVUS) to measure the endometrial thickness (ET) has historically been recommended as a first-line investigation of patients with postmenopausal bleeding. The aim of the study was to determine the diagnostic performance of endometrial thickness measured by transvaginal sonography in diagnosing endometrial cancer in patients presenting with post-menopausal bleeding.

Methodology The databases of the Department of Gynecological Oncology at the University Clinic of Gynecology and Obstetrics in Skopje, in the period January – December 2015 were searched in order to identify patients that underwent

endometrial sampling due to newly-diagnosed postmenopausal bleeding. The following data were extracted from the patient records: age at sampling, age at menopause, parity, body mass index (BMI), American Society of Anesthesiologists physical status rating (ASA), history of hypertension and diabetes, endometrial thickness and the histology from the endometrial sampling. The endometrial thickness measurement was acquired in the mid sagittal plane at the thickest part. All patients underwent D&C, with optional previous hysteroscopic evaluation (at the discretion of the attending) under general anesthesia.

Result(s)* A total of 158 patient records that met the criteria were identified. The prevalence of endometrial cancer was 15.2%. Endometrial thickness was a statistically significant independent predictor of the presence of endometrial cancer and atypical endometrial hyperplasia (OR 1.19 95% CI 1.09-1.29 for each 1mm increase in thickness, $p < 0.001$). The ROC curve analysis in our study had an AUC of 0.83 ($p < 0.001$) and identified a cut-off level for endometrial thickness of 8mm which was associated to a sensitivity of 88.9%, specificity of 65.6%, PPV of 34.8% and NPV of 96.6% for the detection of endometrial cancer. Using a cut-off for endometrial thickness of ≤ 3 mm achieved 100% sensitivity.

Conclusion* None of the analyzed cut-off points for endometrial thickness achieved optimal diagnostic accuracy, as all cut-off values associated to sensitivity rates above 95% had false positive rates of over 60%. Nevertheless, an endometrial thickness cut-off of 3mm, due to the associated high sensitivity, can safely be used to identify women with postmenopausal bleeding who are highly unlikely to harbor endometrial cancer and that can forego initial endometrial sampling.

1034

SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER: DUAL INJECTION, DUAL TRACER. PELVIC AND PARA-AORTIC SLN DETECTION

¹A Torrent*, ²J Amengual, ³C Sampol, ⁴G Matheu, ⁵M Ruiz, ⁶J Rioja, ⁷O Cordoba. ¹Son Espases University Hospital, Gynecology Oncology, Palma, Spain; ²Son Espases University Hospital, Gynecologic oncology, Palma, Spain; ³Son Espases University Hospital, Nuclear Medicine, Palma, Spain; ⁴Son Espases University Hospital, Pathological Anatomy, Palma, Spain; ⁵Son Espases University Hospital, Gynecologic Oncology, Palma, Spain; ⁶Son Espases University Hospital, Gynecologic Oncology, Palma, Spain; ⁷Son Espases University Hospital, Gynecologic Oncology, Palma, Spain

10.1136/ijgc-2021-ESGO.226

Introduction/Background* The aim of this study is to report the pelvic and Para-aortic SLN detection with a dual technique of indocyanine green (ICG) injection and Technetium 99 (Tc99) into the cervix and uterine fundus, in patients with Endometrial Cancer (EC)

Methodology Unicentric Prospective Study. 47 patients underwent laparoscopic surgery for EC in our center (with previous confirmative biopsy) between January 2019 and December 2020. A **Dual Tracer** was used (radiocolloid Technetium 99 (Tc99) and Indocyanine green (ICG) in 47 patients and a **Dual Injection** was performed (cervical and fundal) in 28 patients.

Result(s)* The detection rates were: 95.7%/45/47) for pelvic SLNs (90.9% bilateral) in Tc99 injection and 100% (44/44) for pelvic SLNs (88.6%) for ICG tracer. A 6.38% (3) showed direct atypical drainage outside the standard field of pelvic lymphadenectomy (two presacral SLNs and one with direct drainage to

common iliac artery). The para-aortic SLNs rate was 44.11% (15/34) for Tc99 tracer and 57.1% for ICG(16/28).

Overall rate of lymph node involvement was 10,6% (5/47). Macroscopic lymph node pelvic metastasis were found in 4 patients (8.5%) and in only 1 case (2.1%) microdisease in SLN was found. A 30.7% (4/13) who para-aortic SLN was not detected, had infiltration of para-aortic lymphadenectomy. Two of them had also pelvic SLNs infiltration. There was a 4.2% positive para-aortic lymphadenectomies with negative pelvic lymph nodes.

Conclusion* The SLNs biopsy with dual tracer and dual injection (cervix and fundus) offers good overall detection and could increase para-aortic detection compared with cervical injection alone. When SLNs is not detected in para-aortic area we should complet the lymphadenectomy because in our study the rate of positive lymphadenectomy is not negligible (30%). A dual tracer could help in the ICG learning curve and ensure that the right SLN is removed.

1070 DIAGNOSTIC ACCURACY OF INTRAOPERATIVE HISTOPATHOLOGICAL ASSESSMENT IN ENDOMETRIAL CANCER

¹M Plancha, ¹A Miguel, ^{1,2}D Djokovic, ³PA Duarte, ³C Barros, ^{3,4}P Pinto*. ¹Alfredo da Costa Maternity Hospital, Gynecology, Lisboa, Portugal; ²Nova Medical School, Ob/Gyn, Lisboa, Portugal; ³Alfredo da Costa Maternity Hospital, Lisboa, Portugal; ⁴First Faculty of Medicine Charles University, Prague, Czech Republic

10.1136/ijgc-2021-ESGO.227

Introduction/Background* Endometrial cancer (EC) is the most common gynecologic malignancy in developed countries and the main treatment consists of surgery. Myometrial invasion is commonly used in guiding surgical extent and can be evaluated by intraoperative assessment (IOA). There are studies that show different reports regarding its adequacy and reliability. The aim of this study was to assess the diagnostic accuracy of IOA comparing with definitive histopathologic report surgically resected EC.

Methodology We analysed retrospectively all patients submitted to surgical staging for presumed EC with a definitive diagnosis of endometrioid carcinoma grade 1 and 2 at a tertiary hospital in 2017-2020. Results of IOA were compared to the final pathology report. The accuracy, sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of the IOA were calculated.

Result(s)* A total of 97 patients underwent surgical staging for EC. We had 41 women with histologically confirmed endometrioid carcinoma in which 39 were performed the IOA. The IOA had an accuracy of 82,1%, sensitivity of 64,3%, specificity of 92%, PPV of 81,8% and NPV of 82,1% in predicting myometrial invasion. In the definitive histopathological report 26 patients were classified with stage IA and 13 with stage IB. In the 27 cases identified as stage IA in IOA, the pathology reported stage IB in 4/39 (10,2%). 11/39 (28,2%) cases were identified as stage IB in IOA, and only 2/39 (5,1%) were in fact stage IA in the final pathology report. Surgery, based on the result of the IOA, caused undertreatment in 4/39 (10,2%) and overtreatment in 2/39 (5,1%) patients.

Conclusion* Our IOA results have reasonable accuracy rates in predicting malignancy. However, the concordance of tumor myometrial invasion between IOA and pathology report was

suboptimal, leading to the need of a secondary surgery in some patients.

1079 ABSTRACT WITHDRAWN

1089 CARDIAC METASTASIS OF ENDOMETRIAL CANCER: A MULTIDISCIPLINARY APPROACH

¹I Cipullo*, ²P Campisi, ³P Centofanti, ⁴G Musumeci, ⁵S Cirillo, ¹JOS Pezua Sanjinez, ¹N Biglia, ¹A Ferrero. ¹Mauriziano Umberto Hospital, Academic Department Gynaecology and Obstetrics, Torino, Italy; ²Mauriziano Umberto Hospital, Division of Pathology, Torino, Italy; ³Mauriziano Umberto Hospital, Division of Cardiac Surgery, Torino, Italy; ⁴Mauriziano Umberto Hospital, Division of Cardiology, Torino, Italy; ⁵Mauriziano Umberto Hospital, Department of Radiology, Torino, Italy

10.1136/ijgc-2021-ESGO.228

Introduction/Background* Literature on cardiac metastases from endometrial cancer (EC) is scarce. We report a unique case of a 65-years-old woman diagnosed endometrioid EC, G3, FIGO stage IIIC, treated with surgery and adjuvant chemo-radiation in 2018. In April 2020, while she was undergoing chemotherapy (CHT) with Carboplatin-Paclitaxel because of abdominal and oropharyngeal recurrence, a F18 FDG-PET/CT showed a partial response of the known lesions, but highlighted high glucose uptake in the right atrium, deserving timely diagnostic investigation.

Methodology A multidisciplinary discussion was undertaken to choose the best management: gynecologists, cardiologists,

Abstract 1089 Figure 1