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.

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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

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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.

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ABSTRACT WITHDRAWN

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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

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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