

289

COMPARISON OF PET/CT AND MRI IN LYMPH NODE INVOLVEMENT AND PELVIC EXTRAUTERINE DISEASE DETECTION OF ENDOMETRIAL CANCER: PRESURGICAL STAGING

V García Pineda*, I Cristóbal, M Gracia, M Coronado, I Zapardiel, J Siegrist, MD Diestro, Y Pérez Martínez, A Hernández. *La Paz University Hospital, Gynaecological Oncology, Madrid, Spain*

10.1136/ijgc-2021-ESGO.650

Introduction/Background* Pre-surgical staging in endometrial cancer is crucial for planning surgical treatment and adjuvant therapy of the disease. The aim of the present study is to determine the diagnostic accuracy of PET/CT and MRI in the detection of pelvic extrauterine disease and lymph node involvement.

Methodology An ambispective descriptive study was conducted including patients diagnosed with early stage high-risk endometrial cancer or advanced stage endometrial cancer between January 2011 and July 2021 in our Institution. In all cases included, a pre-surgical study with PET/CT and MRI was performed and lymph node debulking or lymph node staging with pelvic and para-aortic lymphadenectomy was carried out.

Finally, we compared the sensitivity, specificity, positive predictive value, and negative predictive value for the detection of adenopathies and/or extrauterine pelvic disease detected by PET/CT and MRI. All statistical analysis were performed using the software SPSS Statistics v.24.0 (IBM Corp., Armonk, NY, USA).

Result(s)* The results after final statistical analysis will be available when the prospective data collection has been finalised.

Conclusion* The hypothesis we plan to confirm is that MRI is not superior to PET/CT in the detection of lymph node involvement and can be omitted in the pre-surgical study of early stages of high-risk endometrial cancer. However, in advanced stages, MRI may be useful given its greater ability to delineate the pelvic extension of the primary tumor.

660

EARLY STAGE, LOW GRADE ENDOMETRIAL ADENOCARCINOMA IN REPRODUCTIVE AGED WOMEN: PILOT TESTING OF A PATIENT DECISION AID

¹A Roman*, ²M Peate, ³Y Jayasinghe, ⁴OM McNally. ¹*The Royal Women's Hospital, Melbourne Australia, Gynaecology Oncology, Parkville, Australia;* ²*The Royal Women's Hospital, Melbourne Australia, The University of Melbourne, Department of Obstetrics and Gynaecology, Parkville, Australia;* ³*The Royal Women's Hospital, Melbourne Australia, The Royal Children's Hospital, Department of Obstetrics and Gynaecology, Parkville, Australia;* ⁴*The Royal Women's Hospital, Melbourne Australia, Peter MacCallum Cancer Centre, Melbourne Australia, Director of Gynaecology Oncology, Parkville, Australia*

10.1136/ijgc-2021-ESGO.651

Introduction/Background* Endometrial adenocarcinoma (EAC) is rare in reproductive aged women. Patient perspectives of treatment in this cohort have highlighted unmet needs in information provision and decisional conflict around standard surgical treatment or treatment with progestins, and implications for fertility and oncological outcomes. Decision aids have been used to support information provision and clinical decision-making. Patients exposed to decision aids are more knowledgeable, better informed and clearer about their values. We developed and pilot tested a decision aid for reproductive aged women with low grade, early stage EAC.

Methodology A decision aid was developed in accordance with International standards. A literature review and observational data on the treatment perspective of this cohort were used to create the first draft. It was reviewed by key experts including Gynaecology Oncology, Fertility, and Decision Aid Development experts, along with 2 consumers. A finalised draft decision aid was tested amongst healthcare practitioners and consumers. It was distributed with an online survey assessing format, content, length, acceptability, and utility. Seventy-five women aged 18–40 years with early EAC, treated at the Royal Women's Hospital (RWH), Melbourne, Australia, were identified from patient databases and invited to participate. Online survey links were distributed via mobile text message. Ninety-four multi-disciplinary healthcare providers involved in the care of women with EAC at RWH were identified through the MDT meeting group and invited to participate via email of the survey link.

Result(s)* Nineteen participants completed the survey, 10 consumers, 9 healthcare practitioners. Overall, all respondents liked the decision aid, thought it was relevant, useful and helpful for both consumers and health care practitioners. Improvements to formatting and layout of the decision aid were suggested by both groups. Almost all consumers indicated the amount of information was about right or not enough, compared to half of practitioners expressing concern about too much information, suggesting a mismatch in informational desires between consumers and healthcare practitioners.

Conclusion* The decision aid for young women diagnosed with early EAC was acceptable and useful to patients and healthcare professionals. Information from this study will be used to produce a final draft the decision aid. Prospective evaluation of the decision aid would further assist in optimising the decision aid and understanding its utility in clinical practise.

768

DISCLOSURE OF OUR LATEST DATA USING SENTINEL LYMPH NODE (SLN) FOR STAGING ALL ENDOMETRIAL CANCERS

J Cespedes Manterola*, R Ruiz, I Jaunarena, M Gorostidi, P Cobas, A Lekuona. *Donostia Unibertsitate Ospitalea, Ginecologia y Obstetricia, Donostia, Spain*

10.1136/ijgc-2021-ESGO.652

Introduction/Background* SLN biopsy can be considered for staging in patients with low-risk/intermediate-risk disease and it is an acceptable alternative to lymphadenectomy for LN staging in stage I/II. LN staging should be performed in patients with high-intermediate-risk/high-risk disease. Four prospective cohort trials have shown high sensitivity to detect pelvic LN metastases and a high negative predictive value applying a SLN algorithm in high-risk/high-grade endometrial carcinomas. Our aim is present our prospective results in endometrial cancer applying new ESGO/ESMO/ESTRO recommendations for staging all endometrial cancers comparing them with our previous 333 patients data.

Methodology A prospective observational study is being conducted since 1 January 2021 with patients that undergo laparoscopic surgery for endometrial cancer at our institution. We perform only SLN biopsy with dual cervical and fundal indocyanine green injection in all endometrial cancers. All