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

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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 extraperitoneal 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 extraperitoneal 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).

Results* 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.

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

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Introduction/Background* 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.

Results* 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.
SLNs were processed with an ultrasting technique. Between 26 June 2014 and 31 December 2019 with 333 patients we applied the previous treatment algorithms. Between January and 30 August 2021 we did only SNL in 45 patients.

**Result(s)** Comparison of the results between the ancient and the new serie (ancient/new): Detection rate 94%/97.7% overall for SLNs; 91.3%/97.7% overall for pelvic SLNs; 70.5%/88.8% for bilateral SLNs; 68.1%/88.8% for paraaortic SLNs, and 2.9%/0% for isolated paraaortic SLNs. Macrometastasis 18%/60% patients and microdisease 17.6%/8.8% patients, overall rate of LN involvement 16.2%/11%. Isolated Aortic metastases 4.2%/2.2% (14/333–1/45). Assuming the results of the ancient serie there was one false/negative (negative SLN with positive lymphadenectomy). Our sensitivity of detection was 98.3% (95% CI 91–99.7), specificity 100% (95% CI 98.5–100), negative predictive value 99.6% (95% CI 97.8–99.9), and positive predictive value 100% (95% CI 93.8–100).

**Conclusion** SLN biopsy is an acceptable alternative to systematic lymphadenectomy for LN staging in stage I/II. We avoid 22/45 (48.8%) lymphadenectomies with new algorithm, reducing the morbidity in our patients. Our surgical times were shorter improving our theaters efficiency with all that implies for. Additionally, this technique allows a high rate of aortic detection, identifying a non-negligible percentage of isolated aortic metastases. Isolated Aortic metastases in endometrial cancer patients who underwent surgical staging with systematic lymphadenectomy for isolated paraaortic SLNs. 2- and 3-year OS were 98.2% and 97%, respectively. Median time to recurrence was 12.5 months (range: 3-30). Sites of the 42 (7.4%) recurrences were as follows: 12 (28.6%) locoregional, 19 (45.2%) distant, 3 (7.1%) nodal and 8 (19%) more than one site. 2- and 3-year DFS were 93.1% and 92.6%, respectively. While non-endometrioid subtypes (p=0.048), grade 3 histology (p<0.001) and presence of lymphovascular space invasion (LVI) (p<0.001) were found as independent prognostic factors for decreased DFS, age (p=0.017) and tumor size (p=0.041) were independent factors for shorter OS. Type of lymphadenectomy was not a prognostic factor lymphatic recurrence, DFS and OS.

**Conclusion** Our study showed that removal of only SLNs was not associated with worse survival compared to systematic lymphadenectomy in endometrial cancer patients. Nodal recurrence rate was also similar between the groups.