**DETERMINING PREDICTORS FOR PERSONALIZATION OF TREATMENT OF PATIENTS WITH ENDOMETRIOD ENDOMETRIAL CANCER**

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**Introduction/Background** In recent years, endometrial cancer (EC) has taken a leading position in the structure of cancer in Ukraine. The main advantages are that the disease is diagnosed in the early stages in 80% and has a good prognosis – a five-year survival rate of more than 95%. Although three-quarters receive adjuvant treatment, relapses occur, on average, within the first three years. Despite the large number of studies on molecular biological markers of aggression, chemokines and their receptors, in particular CXCL12 and CXCR4, also play an important role in the biology of malignancies, the expression of which to some extent determines the progression of tumors of different genesis. High expression of CXCR4 and CXCL12 in epithelial cells is associated with a favorable course of the disease. However, high CXCR4 expression and low CXCL12 expression correlate with the aggressiveness of the tumor process. These markers will be evaluated as molecular biological predictors of endometrioid type EC aggressiveness.

**Methodology** To evaluate the expression level of CXCR4 and CXCL12 markers at an early stage compared to advanced forms of the disease for the personification of adjuvant treatment. We plan to include 40 patients with stage III-IV (FIGO 2009) and 40 patients with stage I-II endometrial cancer in the study.

**Result(s)** Analysis with early stage and advanced stage of EC and markers of aggressiveness CXCL12 and CXCR4 were identified. Detected negative/low expression of CXCL12 and high CXCR4 in early stages, as in advanced stages, further treatment will be recommended – radiation (remote or brachytherapy) or chemotherapy. High CXCL12 expression and high/low CXCR4 are detected in early stage observation or appropriate protocol treatment will be recommended.

**Conclusion** To analyze the level of expression of markers associated with the aggressive variant of PE in patients with disease harboring outside the uterus. Comprehensive surgical staging and optimal cytoreduction are the most significant prognostic factors affecting survival. Further collaborative studies are warranted in order to improve outcomes of serious endometrial cancer patients.

**HYSTEROSCOPIC COMPARED TO CERVICAL INJECTION FOR SENTINEL NODE DETECTION IN ENDOMETRIAL CANCER: A MULTICENTER PROSPECTIVE RANDOMIZED CONTROLLED TRIAL**

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**Introduction/Background** In the last decade, sentinel lymph node mapping (SLNM) has gained a central role in endometrial cancer (EC) surgical staging. However, different technical steps of SLNM still remain object of discussion. Tetrofere, a randomized control trial (RCT) was conducted to compare cervical and hysteroscopic indocyanine green (ICG)