endometriosis, which demonstrates unequivocal invasion of surrounding tissues, may be more appropriately considered a neoplasm than a benign condition and review the latest treatment algorithm

Result(s)* Three recent studies demonstrated commonly occurring epithelial mutations in PIK3CA and ARID1A in endometriosis that are uniquely shared with clear cell and endometrioid ovarian epithelial cancers. The cytochrome P450 enzyme CYP1B1 convert estrogens to 4-hydroxy-catechol estrogens and, eventually, their depurinating quinone metabolites that cause DNA adducts leading to mutagenic apurinic sites .This would lead to accumulation of additional mutations during epithelial cell division. The estimated rate of malignant transformation for endometriosis is close to 1%, and recent results suggest that the presence of driver mutations alone is neither sufficient to drive the transformation of endometriosis nor indicative of likely progression to cancer.

Conclusion* : Massive concentrations of estrogen in the ovary may exert a direct genotoxic effect on DNA of ectopic endometrial (endometriotic) epithelial cells.. Endometriosis is widely considered to be a benign disorder both clinically and a histopathologically. Well-known cancer-associated somatic mutations were found in the glandular epithelium of some deep infiltrating endometriosis lesions. These are exciting findings that share new light on all forms of endometriosis and their association with endometrial cancer.

462 EXPERIENCE IN SELECTIVE LYMPH NODE BIOPSY USING ICG IN ENDOMETRIAL CANCER

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Introduction/Background* The objective of this study is to describe the results of patients with endometrial adenocarcinoma in early stages, which have undergone a selective sentinel lymphatic node biopsy (SLNB).

Methodology Retrospective observational descriptive study of patients with endometrial cancer treated by robotic surgery with Da Vinci Xi who underwent SLNB by Indocyanine green staining with ultrastratification using 5 sections separated by 200 microns. Study conducted from April 2019 to June 2020. We included 24 patients with early stages Endometrial adenocarcinoma. The technique for performing BSGC was by diluting 25 mg oc ICG in 5 ml of physiological serum and then 1 ml of this dilution in another 10 ml of serum. Subsequently we administered 1 ml of this solution in the cervix at 3 and 9 o'clock points by introducing a 21G needle, 1 cm deep into the cervix

Result(s)* The sample had a mean age of 61.3 years and a mean BMI of 28.6. In 2 of the cases (8%) the SN were positive even presenting myometrial infiltration <50% and in three of the cases (12.5%) the SN were not identified. SLNs were located in 98% of cases (n: 23) at the level of the obturator fossa and just in one case (2%) at the level of the external iliac artery and vein.

Conclusion* SLNB is an effective technique to assess lymphatic involvement due to adenocarcinoma of the endometrium in early stages.

466 PREOPERATIVE CA125 SIGNIFICANTLY IMPROVES RISK STRATIFICATION IN HIGH-GRADE ENDOMETRIAL CANCER

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Introduction/Background* Patients with high-grade endometrial carcinoma (EC) have an increased risk of lymph node metastasis (LNM). Preoperative serum CA125 and imaging findings have been incorporated in multiple risk stratification models to predict LNM and advanced disease in EC and are widely used in clinical practice. However, data on their predictive value in high-grade EC are limited. We therefore aim to determine the predictive value of CA125 combined with preoperative computed tomography (CT) imaging in high-grade EC for LNM.

Methodology Retrospective multicentre cohort study including patients (n=334) with preoperative high-grade EC and available CA125. Clinical data including imaging results, primary surgical treatment and final International Federation of Gynaecology and Obstetrics (FIGO) stage were recorded. CA125 was considered elevated at >35 IU/L.

Result(s)* Patients with high-grade EC (n=334) and elevated CA125 more often presented with advanced FIGO stage (III-IV), 64.2% (95/148) versus 18.8% (35/186) in patients

Abstract 466 Table 1 CA125 and CT results in relation to lymph node metastasis (N1) in patients who underwent surgical staging

	Total n=148	N0 n=107	N1 n=41
CA125 <35 U/mL, imaging not suspect for LNM	89	77 [86.5%]	12 [13.5%]
CA125 >35 U/mL, imaging not suspect for LNM	31	17 [54.8%]	14 [45.2%]
CA125 <35 U/mL, imaging suspect for LNM	9	8 [88.9%]	1 [11.1%]
CA125 >35 U/mL, imaging suspect for LNM	19	5 [26.3%]	14 [73.7%]