Abstract 466 Table 2 Logistic regression analysis of variables versus LNM

	Univariate analysis			Multivariate analysis		
	P value	Adjusted OR	95% CI	P value	Adjusted OR	95% CI
Age >65 years *	0.946	0.98	0.47 – 2.01	-	-	-
BMI >30 kg/m ² *	0.710	1.15	0.54 – 2.45	-	-	-
CA125 >35 U/mL	<0.001	8.322	3.71 – 18.67	<0.001	6.00	2.22– 16.25
Imaging suspected LNM	0.001	4.17	1.77 – 9.86	0.405	1.64	0.51– 5.27
MI >50%	<0.001	5.27	2.23 – 12.46	0.012	3.64	1.33– 10.01
Cervical involvement	<0.001	14.25	5.37 – 38.04	<0.001	9.57	3.09– 29.63

OR: odds ratio. CI: confidence interval for adjusted OR. * = not included for multivariate analysis.

with normal CA125 ($p < 0.05$). For patients with elevated CA125 who underwent surgical staging ($n = 192$), the prevalence of LNM was 56.5% (39/69), compared to 14.6% (18/123) in patients with normal CA125 ($p < 0.05$). For patients with preoperative CT imaging ($n = 148$), LNM were suspected in 18.9% (28/148), but histologically confirmed in 27.7% (41/148) of the patients. Preoperative CA125 and CT findings for LNM in relation to risk of LNM are shown in table 1.

Multivariate analysis (table 2) showed that elevated CA125, histological deep (>50%) myometrial invasion, and cervical involvement independently predict histological LNM ($p < 0.05$ for all) whereas positive CT findings for LNM did not.

Conclusion* This study demonstrates that elevated CA125 in patients with high-grade EC is an important prognostic marker for the predication of LNM and advanced stage disease. In patients with preoperative normal CA125, the additional value of CT imaging was limited with respect to the prediction of LNM. We therefore recommend to incorporate CA125 in routine preoperative work-up for risk stratification in high-grade EC.

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A PROSPECTIVE MULTICENTER NON-INFERIORITY TRIAL: ONCOLOGICAL SAFETY OF BIOPSY OF SENTINEL LYMPH NODE IN STAGE I ENDOMETRIOID ENDOMETRIAL CANCER

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Introduction/Background* In the primary treatment of stage I intermediate risk and high-intermediate risk endometrial cancer (EC) sentinel lymph node biopsy (SLN) can be considered for staging. Although there is no prospective trials for assessment the oncological outcome in these groups.

Study hypothesis we hypothesize that progression-free survival in women who underwent biopsy of mapping sentinel lymph node with indocyanine green will be not inferior compared to the patients in which systematic lymph nodes dissection will be performed.

Methodology Trial design: This prospective, randomized, non-inferiority study is to evaluate progression-free survival in patients with endometrioid EC with stage I from the intermediate and high-intermediate risk groups, who will have been performed SLN biopsy and systemic lymphadenectomy (pelvic and para-aortic lymph nodes dissection).

Inclusion criteria: 1. histological confirm endometrioid cancer of endometrium. 2. intermediate and high-intermediate risk (grade 1, grade 3 with $\geq 50\%$ myometrial invasion, grade 3 with $< 50\%$ myometrial invasion).

Exclusion criteria: 1. low risk (G1 with $< 50\%$ myometrial invasion), 2. other histological tumor variant except for endometrioid.

Result(s)* Primary endpoint: 1. Progression-free survival in patients with isolated tumor cells 2. Quality of life by EORTC QLQ-C30 and LYMQOL-Leg scales 3. 30-day post-surgery complications by Clavien-Dindo scale 4. overall survival rate which is defined from the moment of randomization to death (any cause); alive patients are analyzed after acquisition of the last information

Secondary endpoints: progression-free survival in patients with endometrioid stage I intermediate and high-intermediate risk endometrial cancer

Sample size: 430 patients for study cohort

Conclusion* Estimated Dates for Completing Accrual and Presenting Results : the study will be completed in 2023 with results in 2026

Trial Registration Number of local ethical protocol in Ukraine – №163 (23.06.20)

Disclosures Authors declare no disclosures.

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ENDOMETRIAL CANCER – THE SURGICAL TREATMENT IN THE HANDS OF RESIDENTS OF ONCOLOGICAL GYNAECOLOGY SUPERVISED BY SPECIALISTS

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Introduction/Background* Endometrial cancer is the most common of gynaecological malignant neoplasms in Europe and developed countries. Early diagnosis guarantees higher chances of recovery and the characteristics of this cancer allow us to treat it in a minimally invasive way which brings many benefits for the women.

This is the reason for such a big significance of excellent training in laparoscopic and robotic surgery amongst trainees in Gynaecological Oncology.

Methodology The patients with diagnosed endometrial cancer in FIGO stages I and II were sequentially assigned to two groups to gather 50 of each: laparoscopic and open surgery. The open procedures were performed by teams comprised of 2 doctors and the laparoscopic were performed by 3 doctors