

**Objectives** In endometrial cancer few randomized controlled trials were conducted to assess the role of different settings of follow-up in improving overall survival. The TOTEM study (NCT00916708) was planned to compare an intensive (INT) vs minimalist (MIN) 5-year follow-up regimen in endometrial cancer patients in terms of overall survival (OS).

**Methods** Patients surgically treated for endometrial cancer, were stratified by center and in low (LoR) or high (HiR) risk of recurrence and then randomized to INT or MIN hospital-based follow-up regimens. The aim of the study was to demonstrate an improvement from 75% to 80% (expected hazard ratio, HR=0.78) of the 5-year OS with the INT regimen. Secondary objectives were to compare relapse free survival (RFS) and health-related quality of life (HRQL).

**Results** 1884 patients were randomized in 42 centers between 2008 and 2018, and 1847 patients were available for the final analysis. After a median follow-up of 66 months, the 5-year OS was 91.3%, 90.6% in the INT and 91.9% in the MIN arms, respectively (HR=1.12, 95%CI 0.85–1.48, p=0.429). Comparing the INT vs MIN arms, the 5-year OS were 94.1% and 96.8% (HR=1.48, 0.92–2.37, p=0.104) in the LoR and 85.3% and 84.7% (HR=0.96, 0.68–1.36, p=0.814) in the HiR group. The two arms did not show differences in terms of RFS and HRQL.

**Conclusions** Intensive follow-up in endometrial cancer treated patients did not improve OS, even in HiR patients, nor influenced health-related quality of life. Frequent routine use of imaging and laboratory exams in these patients should be discouraged.

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#### WHERE THERE IS SMOKE, THERE IS FIRE: UNDERSTANDING THE IMPLICATIONS OF POSITIVE SENTINEL LYMPH NODES IN ENDOMETRIAL CANCER

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**Objectives** The objective of this study is to identify clinicopathologic characteristics associated with non-sentinel lymph node (SLN) metastasis and non-vaginal recurrences in patients with SLN-positive endometrial cancer (EC).

**Methods** Consecutive patients with surgically staged EC and at least one positive SLN were included. SLNs were ultra-staged. Positive SLNs were reviewed and patients classified according to the size of the largest SLN metastasis.

**Results** 103 patients (36 isolated tumor cells (ITC), 27 micro-metastasis, 40 macrometastasis) were included. Multiple positive SLNs were observed in 38.8% of patients. Size of SLN metastasis (adjusted OR (aOR) 3.0 for macrometastasis vs ITC, 95%CI 1.1–8.1), and age (aOR 1.8 per 10-year increase, 95%CI 1.1–3.0) were independent predictors of multiple positive SLNs. Extracapsular compared to intracapsular invasion of

Abstract 0005/#190 Table 1

Characteristic	Adjusted HR (95% CI)	P
<b>Histology</b>		<b>0.004</b>
Non-endometrioid	5.09 (1.66, 15.61)	
Endometrioid	Reference	
<b>Cervical stromal invasion</b>		<b>0.002</b>
No	Reference	
Yes	6.89 (2.04, 23.23)	
<b>Size of SLN metastasis</b>		<b>0.04</b>
ITC/micrometastasis	Reference	
Macrometastasis	3.41 (1.05, 11.09)	

the SLN metastasis was significantly associated with multiple positive SLNs at univariate analysis (71.4% vs. 33.7%, p=0.008). Forty-seven percent (18/38) of patients who underwent completion pelvic lymphadenectomy, had additional positive lymph nodes. This was associated with increased size of SLN metastasis (0/8, 5/10, and 13/20 in ITC, micro- and macrometastasis, respectively, p=0.004). SLN macrometastasis (adjusted HR (aHR) 3.4, 95%CI 1.1–11.0), non-endometrioid histology (aHR 5.7, 95%CI 1.9–17.3), and cervical stromal invasion (aHR 9.4, 95%CI 2.9–30.4) were independent predictors of non-vaginal recurrence (table 1).

**Conclusions** Size and location of SLN metastasis can predict an increased risk of multiple positive SLNs, non-SLN positive nodes, and non-vaginal recurrence in SLN positive EC patients. These factors should be assessed when considering adjuvant treatment in these high-risk patients.

0006/#340

#### MINIMALLY INVASIVE SURGERY IN ADVANCED ENDOMETRIAL CARCINOMA IS ASSOCIATED WITH AN INCREASED RISK FOR LOCAL RECURRENCE

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**Objectives** To compare oncological outcomes of women with stage II -IIIc endometrial cancer (EC) who underwent minimally invasive surgery (MIS) versus laparotomy.

**Methods** A retrospective cohort study in an academic multi-center setting. Consecutive women with EC treated at 11 Israeli institutions between 2002 and 2017 were recorded in an assimilated database with a median follow-up of 52 months (range 12–120 months). Women with stage II -IIIc were stratified into groups by intentional route of surgery; MIS vs. laparotomy. Clinical, pathological and outcome data were compared.