

64 months \pm 14.31 months. Table 1 Comparison of recurrence rates depending on the characteristics of the tumor process and the type of treatment

Conclusions Our study demonstrates that the frequency of their occurrence is approximately the same, regardless of the method of treatment used. However, with relapses, life expectancy is significantly reduced.

EPV110/#289 **ENDOMETRIAL ASPIRATION FOR ENDOMETRIAL CANCER DIAGNOSIS**

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Objectives The diagnosis of endometrial cancer, the third most common among gynecological tumors in Brazil, must be made by anatomopathological examination of the biopsy of the endometrial cavity using hysteroscopy or semiotic curettage. Recently, the endometrial aspirate technique has been used in order to speed up the diagnosis as it is an easy, low cost, outpatient method, dispensing with more complex tests, such as hysteroscopy. The aim of the study was to compare the results of this technique with those of semiotic uterine curettage in women with suspected endometrial hyperplasia/carcinoma.

Methods Analytical and retrospective study by analyzing the medical records of 52 women between 41 and 83 years old at the outpatient clinic of Hospital das Clínicas Samuel Libânio, Brazil. Material collected by means of endometrial aspirate and uterine curettage from patients with endometrial thickening on ultrasound, with or without bleeding, uterine bleeding after menopause or abnormal uterine bleeding.

Results 52 patients evaluated with endometrial aspirate, 12 were diagnosed with endometrial adenocarcinoma and three with hyperplasia with endometrial atypia. The endometrial aspirate was positive in 8 of the adenocarcinomas, suspected in two and negative in two other cases. In atypical hyperplasia, aspirate was positive in one case and negative in two.

Conclusions The use of endometrial aspirate for diagnosis was 66.6% positive in this study, a satisfactory method in scenarios of limited availability of more accurate tests. However, further studies are needed to assess the sensitivity/specificity of the method, as well as standardization in the collection and interpretation of the findings.

EPV111/#303 **SENTINEL LYMPH NODE MAPPING FOR ENDOMETRIAL CANCER: A PROSPECTIVE STUDY ABOUT THIRTY EIGHT CASES**

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Objectives Endometrial cancer (EC) represents the most common gynecological cancer mostly diagnosed at stage I. Sentinel lymph node (SLN) arised as a valuable option to lymph node dissection. We aim to determine negative predictive value (NPV), overall and bilateral detection rates of SLN in EC stage I.

Methods This was a cross-sectional prospective study including 38 patients with EC stage I treated at Salah Azaiez Institute over a period of 34 months from March 2018 to January 2021.

Results Endometrioid adenocarcinoma was reported in 89% of cases. The pelvic MRI showed IA and IB stages in 58% and 42% of cases, respectively. The detection techniques were combined (48%), colorimetric (34%) and radioisotope (18%). Lymphoscintigraphy was conducted in 66% of women demonstrating overall, bilateral and failed detection rates of 92%, 24% and 8%, respectively. The overall, bilateral and failed intra-operative detection rates were of 76%, 37% and 24% respectively. A micrometastasis (1%) was noted among a total of 87 SLNs. False negative rate (FNR) and NPV were of 0% and 100%. Factors affecting overall detection were initial histologic grade ($p=0.01$) and tumor size on MRI ($p=0.04$). Final histologic grade 1 ($p=0.005$), 2 ($p=0.002$) and myometrial invasion ($p=0.04$) were also significant contributors. No significant factors affecting bilateral detection were set.

Conclusions FNR and NPV were of 0% and 100% similarly to previous results through literature. We aim to continue this promising protocol toward including more patients that may helps us improve our overall and bilateral detection rates.

EPV112/#318 **UTERINE CARCINOSARCOMA FOLLOWING TAMOXIFEN THERAPY FOR BREAST CANCER: A SERIES OF 11 CASES**

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Objectives Uterine carcinosarcoma (UC) is rare and carries a poor prognosis. It represents only 1–2% of uterine cancers and less than 5% of all uterine malignancies. Although these tumors usually arise de novo, some cases developed under Tamoxifen therapy have been reported. We aim to report our institution's experience.

Methods A retrospective study of 11 women with endometrial carcinosarcoma after breast cancer were treated at Salah Azaiez Institute of Oncology from 2004 to 2014.

Results The mean age of UC diagnosis was 64 years (50–82 years). All patients were given adjuvant hormone therapy by Tamoxifen for breast cancer. The mean duration of Tamoxifen use was 42 months (3–60 months) with a mean cumulative dose of 25709mg (1800–36500mg). The main presenting symptom of UC was post-menopausal bleeding. Ultrasound showed thickened endometrium in four cases. Endometrial biopsy revealed UC in three cases. Surgery was performed in ten cases. It consisted of total hysterectomy and bilateral oophorectomy in all cases; we performed lymphadenectomy in three cases. Adjuvant chemotherapy and radiotherapy were performed in three cases. The median follow-up after surgery was nine months (1–64 months). One patient developed a peritoneal recurrence five months after surgery. Three women developed bone metastasis from their uterine cancer, and two patients developed liver metastases from their breast cancer.

Conclusions The survival benefits associated with five-year adjuvant Tamoxifen counterbalances the low morbidity and mortality risk associated with endometrial adenocarcinoma development. Things are different with UC and its pejorative