SURVIVAL OUTCOMES IN ENDOMETRIAL CANCER PATIENTS HAVING LYMPHADENECTOMY, SENTINEL NODE MAPPING PLUS BACK-UP LYMPHADENECTOMY AND SENTINEL NODE MAPPING ALONE

1G Bogani*, 2T Ghezzi, 3A Angiolii, 4A Papadia, 5A Buda, 6F Di Donato, 7F Plotti, 8P De Iaco, 9AM Perrone, 10F Ferro, 11U Leone Roberti Maggiore, 12ML Gasparri, 13J Casarin, 14I Muzii, 15M Mueller, 16M Malzioni, 17F Landoni, 18Benedetti Panni, 19F Raspagliesi. Fondazione IRCCS Istituto Nazionale dei Tumori di Milano, Gynecologic Oncology, Milano, Italy; 2University of Insubria, Gynecologic Oncology, Varese, Italy; 3Campus Biomedico, Gynecologic Oncology, Rome, Italy; 4University of Lugaro, Gynecologic Oncology, Lugano, Switzerland; 5Bsibcica University, Gynecologic Oncology, Milan, Italy; 6University of Bologna, Gynecologic Oncology, Bologna, Italy; 7University of Genoa, Gynecologic Oncology, Genova, Italy; 8University of Bern, Gynecologic Oncology, Bern, Switzerland; 9Malzioni Medical Center, Gynecologic Oncology, Avellino, Italy

Objectives Sentinel node mapping (SNM) has replaced lymphadenectomy for staging surgery in apparent early-stage endometrial cancer (EC). Here, we evaluate the long-term survival of EC patients having nodal assessment between 2006 and 2016. This is a multi-institutional retrospective study evaluating three different approaches of nodal assessment in low, intermediate, and high-risk EC.

Methods This is a multi-institutional retrospective study evaluating long-term outcomes (at least 3 years of follow-up) of EC patients having nodal assessment between 2006 and 2016. In order to reduce possible confounding factors, we applied a propensity-matched algorithm.

Results Charts of 940 patients were evaluated: 174 (18.5%), 187 (19.9%), and 579 (61.6%) having SNM, SNM followed by backup lymphadenectomy and lymphadenectomy, respectively. Applying a propensity score matching algorithm (1:1:2) we selected 500 patients: 125 SNM vs. 125 SNM plus backup lymphadenectomy vs. 250 lymphadenectomy. Baseline characteristics of the study population were similar between groups. The prevalence of nodal disease was 14%, 16%, and 12% in patients having SNM, SNM followed by backup lymphadenectomy and lymphadenectomy, respectively. Overall, 19 (7.6%) patients were diagnosed with low volume nodal disease (7 and 12 patients with micrometastasis and isolated tumor cells). The mean (SD) follow-up time was 62 (±11) months. The survival analysis did not show statistical differences in terms of disease-free (p=0.750) and overall survival (p=0.005). The survival analysis did not show statistical differences between the groups. No differences in survival (DFS log-rank=0.28) and OS (log-rank=0.78).

Conclusions Patients undergoing hysterectomy for ULMS have poor prognosis regardless the surgical approach. In our population, preoperative suspicious of malignancy did not influence survival outcomes and morcellation did not seem to have a detrimental effect on recurrence rate. Larger studies are warranted to confirm our findings.