

EPV140/#62

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

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10.1136/ijgc-2021-IGCS.210

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 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 (\pm 11) months. The survival analysis comparing the three techniques did not show statistical differences in terms of disease-free ($p=0.750$) and overall survival ($p=0.899$). Similarly, the type of nodal assessment did not impact survival outcomes after stratification on the basis of uterine risk factors.

Conclusions SNM provides similar long-term oncologic outcomes than lymphadenectomy. Further evidence is warranted to assess the prognostic value of low-volume disease detected by ultrastaging and the role of molecular/genomic profiling

EPV141/#627

TOTAL HYSTERECTOMY FOR UNEXPECTED UTERINE LEIOMYOSARCOMA: IMPACT OF SURGERY ON ONCOLOGICAL OUTCOMES

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10.1136/ijgc-2021-IGCS.211

Objectives To evaluate the impact of preoperative diagnosis of malignancy on survival in patients surgically treated for apparent early-stage uterine leiomyosarcoma (ULMS).

Methods Data of consecutive patients who underwent total hysterectomy at Del Ponte Hospital, (Varese-Italy) between January 2000 and December 2019 were retrieved. Only cases with histologically proven ULMS at final diagnosis were included and stratified according with the preoperative finding of malignancy into: 'Suspicious ULMS' vs. 'unexpected ULMS'. Demographic, pathologic and surgical-related characteristics were compared. Survival curves were estimated with Kaplan-Meier methods and predictors of recurrence were investigated.

Results Overall 36 patients ULMS were included, 24 and 12 'unexpected ULMS' and 'suspicious ULMS', respectively. No significant differences between the groups in terms of baseline characteristics and surgical approach (minimally-invasive approach: 3, 25% vs. 15, 62.5%, $p=0.08$) were found. The morcellation of the uterus was less likely performed in patients in 'suspicious ULMS' (18, 33% vs. 14, 58.33%; $p=0.005$). 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).

Details on recurrence are reported (table 1). No predictors of relapse were found, including uterine morcellation (41.67% vs. 66.67%, $p=0.15$).

Abstract EPV141/#627 Table 1

Recurrence pattern suspicious vs unexpected Population: n=36				
	POPULATION-N	UNEXPECTED n=12	SUSPICIOUS n=24	p-value
Recurrence	21 (58.3%)	5 (41.7%)	16 (66.7%)	0.15
Single recurrence	14 (67%)	2 (50%)	12 (75%)	0.15
Several recurrences	7 (33%)	3 (75%)	4 (16.7%)	0.15
Distant recurrence	13 (62%)	3 (75%)	10 (41.7%)	0.15
Primary recurrence	11 (52%)	3 (75%)	8 (33%)	0.70
Nodal recurrence	2 (9.5%)	1 (8.3%)	1 (4.2%)	0.36
Public performed recurrence	11 (52%)	2 (16.7%)	9 (37.5%)	0.15
Adjuvant therapy (OHT)	21 (50%)	10 (83.3%)	11 (45.8%)	0.77

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Adjuvant therapy (OHT)	21 (50%)	10 (83.3%)	11 (45.8%)	0.77

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.

EPV142/#638

DEMONSTRATION OF A LEARNING CURVE IN THE INITIATION OF SENTINEL LYMPH NODE MAPPING IN ENDOMETRIAL CANCER IN A WELSH TERTIARY GYNAE CANCER CENTRE

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10.1136/ijgc-2021-IGCS.212

Objectives To audit the outcomes of sentinel lymph node mapping in a Welsh cancer centre, in order to demonstrate a sufficient learning curve to adopt sentinel lymph node biopsy as the mainstay of surgical lymph node mapping in endometrial cancer.