Methods There are no current standards against which to audit the departments learning curve for adoption of sentinel lymph node mapping as endometrial cancer staging. We identified published quality indicators for sentinel lymph node mapping – including <5% false negative rate, >20 cases per surgeon performing the procedure, successful bilateral mapping in >50% of cases. Our local gynae oncology database was searched to identify all cases of sentinel lymph node dissection for endometrial and cervical cancer. Data from the gynae oncology database and the patients electronic clinical record was then collated and analysed using excel.
Results 43 patients were identified having undergone a sentinel lymph node biopsy ± lymphadenectomy for endometrial or cervical cancer. Bilateral sentinel lymph nodes were mapped in 67.4% of cases. In the first 21/43 patients 57.1% were mapped, comparative to 77.3% in latter 22/43 patients. 38 sides with successful lymph node mapping and lymphadenectomy were identified. Sentinel lymph nodes had a 33% sensitivity for identifying lymph node metastasis in the first half of the data set comparative to 100% in the latter half.
Conclusions The data demonstrated a significant learning curve, within the department, in the successful mapping of sentinel lymph nodes in endometrial cancer.

EPV143/#656 RETROSPECTIVE DATA ANALYSIS OF HOSPITAL SANTA MARCELINA, SAO PAULO-SP, BRAZIL

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Objectives Evaluate the epidemiological aspects of patients with endometrial cancer, based on statistics from the Oncology Gynecology Center of Santa Marcelina Hospital in Sao Paulo, Brazil between 2011 to 2018.
Methods Evaluate the epidemiological aspects of patients with endometrial cancer (EC), based on statistics from the Oncology Gynecology Center of Santa Marcelina Hospital in Sao Paulo, Brazil between 2011 to 2018.
Results The median age at diagnosis was 63 years and the diagnosed cases were predominantly white ethnicity (51%). Bleeding after menopause was the most frequent symptom reported (77.8%). Among the cases analyzed, 36 nulliparous patients presented endometrial cancer (15%). The most prevalent histological type was endometrioid adenocarcinoma (66.1%). The most frequent tumor staging was IA with 30.9%, followed by IB 18.83%, II 2%, IIIA 8%, IIIB 9.2% IIIC1 4.6%, IIIC2 6.69%, IVA 0.42% and IVB 16.74%. Surgical staging with hysterectomy and bilateral adnexectomy represented 76.9% and the most frequent adjuvant treatment was brachytherapy (53.1%). Seventy patients underwent brachytherapy and pelvic radiotherapy (29.9%) and 38 patients underwent adjuvant brachytherapy, radiotherapy and chemotherapy as an adjuvant (15.9%). An overall survival rate of 65% and a mortality rate of 29% over the 5-year period have been identified.
Conclusions EC is the eighth most frequent gynecological tumor in Brazil. Data analysis allowed to corroborate the most common clinical symptom and the frequent histological type in the literature. This neoplasm classically presents early symptoms and curative treatment, however the data analysis shows a high death rate and diagnosis of advanced disease. So, the endometrioid type, doesn´t have the best prognosis always and needs a better molecular analysis to optimize therapy,to reduce mortality.

EPV144/#76 THE TUNISIAN COUNTRY-SPECIFIC GUIDELINES FOR ENDOMETRIAL CANCER

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Objectives Endometrial cancer is the second gynecologic cancer. The varying tumors profile from country to country and the difference in the means available in each country have raised the need for a country-specific guideline. We aim to Present the Tunisian guideline for endometrial cancer
Methods All relevant international and national scientific literature available from 2016 to 2021 was used to establish this guideline.
Results This guideline was made by the Gynecologic Oncology Multidisciplinary team of the National Cancer center. Three questions were asked. What is the actual state of the art? Could it be applied in our country? If not, can we adapt the guideline to our reality?. During the consensus, the panel tried to cope between the actual state of the art and the Tunisian Field reality. The main limitations were the Distant radiation appointment, the patient loss to follow up, and the non-systematic use of biological markers. The 2009 FIGO classification was used to stage our patients. For stage I disease, The ESMO 2016 risk classification was used. One preoperatory and composed of three levels of risks low, intermediate, and high risk. The other classification is post-operatory and comprises low, Intermediate, high-intermediate, and high-risk levels. Based on this Data and our country reality panel developed recommendations.
Conclusions A country-specific guideline based on the international state of the art is more effective to offer the best quality of care available to our patients. It would also point to the lack and what needs to be done to keep on improving the health system.

EPV145/#82 MULTICENTRIC PREDICTIVE SCORE VALIDATION FOR NODAL ASSESSMENT IN ENDOMETRIAL CANCER PATIENTS: PRELIMINARY DATA

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Objectives Sentinel lymph node (SLN) is considered the standard of care in early-stage endometrial cancer (EC) patients. In case of SLN failure, a side-specific lymphadenectomy of the