Kaplan-Meier Curves and compared using log-rank test. Statistical significance was considered for p<0.05.

**Results** Of the 47 patient of our cohort 33 (70%) underwent laparoscopy, whereas 14 patients were treated with laparotomy (30%). There was no difference in mean age (p = 0.86), mean BMI (p = 0.76) and comorbidity index (p = 0.96) between the two groups. Histopathological features were also similar in terms of histological type (p = 0.32), LVSI (p = 0.15) and depth of myometrial invasion (p = 0.07). Patients in both groups received similar adjuvant treatment (p = 0.11). There was no difference on overall (p = 0.606) and cancer specific survival (p = 0.564) between the two groups. The estimated overall 5-year survival was 65.5% for the laparoscopy and 50% for the laparotomy group and the disease specific 5-year survival 79.3% and 67.7% respectively.

**Conclusion** In our study we did not find any difference in overall and cancer specific survival between the two approaches. To clearly identify any potential adverse outcomes in relapse or survival terms regarding minimal invasive compared to open surgery in stage II endometrial cancer a prospective randomized trial is required.

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**2022-RA-754-ESGO**  
**SENTINEL LYMPH NODE BIOPSY IN ENDOMETRIAL CANCER**

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**Introduction/Background** Sentinel lymph node biopsy (SLNB) is increasingly replacing pelvic lymphadenectomy as part of surgical management of endometrial cancer, due to its high sensitivity and negative predictive value (NPV). This reduces the risks of intra- and post-operative complications. This retrospective service review aims to assess the technique and success rate of SLNB as performed in Royal Preston Hospital.

**Methodology** 134 patients were identified as having consented for SLNB as part of their surgery to treat endometrial cancer. Data collected included patient demographics, the actual procedure they underwent on both left and right sides, as well as subsequent histopathological findings.

**Results** SLNB was successful bilaterally in 56% of patients and unilaterally in 74% of patients. 4% of patients underwent bilateral SLNB and pelvic lymphadenectomy, which showed 100% sensitivity and NPV in identifying nodal metastasis.

**Conclusion** SLNB success rate was lower than equivalent results from more recent studies. However, patient safety was maintained throughout as pelvic lymphadenectomy was performed in instances of SLNB protocol failure.

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**2022-RA-759-ESGO**  
**THE IMPACT OF DELAY FROM DIAGNOSIS TO SURGERY IN ENDOMETRIAL CANCER**

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**Introduction/Background** In the COVID-19 era, waiting list for surgery is longer gynecological-oncological units were forced to delay oncological surgery, especially endometrial cancer (EC), due to its good prognosis. The aim of this study is to evaluate the impact of delay in the oncological outcomes of these patients.

**Methodology** Retrospective analysis of all women with EC treated in the 1st Department of Obstetrics & Gynecology at ‘Papageorgiou’ Hospital, from 2012 – 2019. Delay was calculated as the time interval form the day of first examination in the outpatient clinic and the day of surgery, and a cut-off point at 8 weeks was set. Patient and tumor characteristics, treatment options and follow-up information were collected. Primary outcomes were the need of adjuvant treatment and survival rates.

**Results** 259 patients met the inclusion criteria. Based on the 8-week cutoff point patients were divided into two groups: 119 underwent surgery up to 8-weeks (group A) and 140 over 8-weeks (group B). There was no statistical difference in the FIGO Stage or the pre-operative CA125 level between the two groups, but patients in group A were younger, with lower BMI and less comorbidities. Furthermore, patients in group B had a significantly higher probability of receiving pelvic radiation with or without brachytherapy (p = 0.005342), but no difference was detected in hospital stay, ICU admittance or surgery duration. Concerning survival rates, there was a statistical difference in disease-free (p = 0.0312), but no difference was found in overall survival (p = 0.146).

**Conclusion** Delaying EC surgery over 8 weeks may not have an impact on the mortality of the patients, but increases the need of adjuvant pelvic radiation with or without brachytherapy and the recurrence rates. As a result, patients experience more side effects which subsequently worsen their quality of life.
woman had FIGO-IIb PEComa with recurrence within 2 months following surgery in vagina and lung. She underwent vaginal and thoracic surgery resecting tumors. She did not receive chemotherapy for ovarian cancer due to medical fitness. PEComa relapsed aggressively in the pelvis, lungs and diaphragm within 6 months and she was treated with Siroli-
mus and Nab-sirolimus. With this aggressive tumour, her over-
all survival was 14 months.
**Conclusion** This illustrates the natural history of a rare uterine
tumour (PEComa) and the management in rare presentations
with aggressive tumours. The management can be challenging
requiring multidisciplinary approach. There is lack of evidence
how to manage recurrence of PEComa not salvaged by surgery.

**2022-RA-768-ESGO**

FREE CANCER CELLS IN FALLOPIAN TUBES
(FLOATERS) AS ARTIFACTS OF UTERINE
MANIPULATOR USE IN MINIMALLY
INVASIVE SURGERY (MIS) FOR
ENDOMETRIAL CANCER: DOES IT MATTER?
– A RETROSPECTIVE COHORT STUDY

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Introduction/Background It is unclear if free cancer cells in
fallopin tubes (FT) floaters increase with the use of uterine
manipulators (UM) and whether it may increase cancer recur-
rence. Our objective is to assess the rate of FT floaters associ-
ated with UM use in endometrial cancer treated by MIS and
its impact on oncologic outcome.

**Methodology** This is a single center retrospective cohort
study including patients who underwent surgery for apparent
early-stage endometrial cancer by either laparoscopy, robotics
or laparoscopic assisted vaginal hysterectomy (LAVH) from
11/2012 to 12/2020. Data on manipulator type, isolated
tumor cells (ITC), cytology, LVSI, FT floaters, stage, histol-
gy and grade were collected. Primary outcome was the rate
of FT floaters. Secondary outcome was cancer recurrence and
disease-specific death. Kaplan-Meier curves, univariate
and multivariate logistic regression were used for statistical
analysis.

**Results** 1,020 women with endometrial cancer were included;
876 (86%) had hysterectomy with UM and 144 (14%) with-
out, with a mean follow-up of 44,6 months. 84,7% had
endometrioid histology, 84,5 % were grade 1 or 2 and
97,2% had stage I disease. Intra-uterine balloon manipulator
(V-Care) was associated with the presence of FT floaters on
univariate analysis (OR 2,47; 95% CI, 1,17–2,68; p=0,018)
with a rate of 14,2%. Endocervical manipulator (Hohl) was
not associated with floaters (OR 0,93; 95% CI, 0,43–1,98;
p=0,854) with a rate of 5,9%. No manipulator MIS had a
floaters rate of 6,3%. Prior tubal ligation statistically reduces
the risk of floaters (OR 0,33; 95% CI, 0,17–0,65; p=0,001).
On multivariate analysis, FT floaters were not associated
with recurrence (OR 1,14; 95% CI, 0,486–2,68; p=0,760)
and disease-specific death (OR 0,650; 95% CI, 0,116–3,65;
p=0,623).

**Conclusion** Intra-uterine balloon manipulators used in endome-
trial cancer MIS is associated with higher rates of FT floaters,
but were not associated with recurrence and disease-specific
dearth. Prior tubal ligation is protective.

**2022-RA-772-ESGO**

ROBOTIC SENTINEL LYMPH NODE
DETECTION IN ENDOMETRIAL CANCER – A
PILOT SERIES AT GUY’S AND ST THOMAS’
HOSPITAL

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10.1136/ijgc-2022-ESGO.237

Introduction/Background Sentinel lymph node (SLN) technique
identifies the first node(s) draining any organ and uses ultra-
saiating to detect micro-metastases. SLND reduces surgical-
related morbidity, lymphedema, lymphocyst formation and
operative time. It detects nodal metastases at aberrant sites
and upstages 18–20% in high-risk patients.

**Methodology** Women requiring lymphadenectomy in inter-
mediate & high-risk endometrial cancer at Guy’s and St Thom-
as’ Cancer Centre were included. Data was collected prospectively and results analysed. Intra-cervical IndoCyanine
Green (ICG) was injected at two sites and surgery performed
using Xi Davinci robot. SLN were mapped using firefly fluores-
cent camera and sampled. Bilateral pelvic lymphadenectomy
(BPLND) was performed following SLN sampling.

**Abstract 2022-RA-772-ESGO Figure 1**

**2022-RA-148-ESGO**

DETECTION OF ENDOMETRIAL CANCER
RELAPSING IN DIAPHRAGM: MANAGEMENT
AND OUTCOME

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10.1136/ijgc-2022-ESGO.233

Introduction/Background It is unclear if free cancer cells in
fallopin tubes (FT) floaters increase with the use of uterine
manipulators (UM) and whether it may increase cancer recur-
rence. Our objective is to assess the rate of FT floaters associ-
ated with UM use in endometrial cancer treated by MIS and
its impact on oncologic outcome.

**Methodology** This is a single center retrospective cohort
study including patients who underwent surgery for apparent
early-stage endometrial cancer by either laparoscopy, robotics
or laparoscopic assisted vaginal hysterectomy (LAVH) from
11/2012 to 12/2020. Data on manipulator type, isolated
tumor cells (ITC), cytology, LVSI, FT floaters, stage, histol-
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of FT floaters. Secondary outcome was cancer recurrence and
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**Results** 1,020 women with endometrial cancer were included;
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endometrioid histology, 84,5 % were grade 1 or 2 and
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On multivariate analysis, FT floaters were not associated
with recurrence (OR 1,14; 95% CI, 0,486–2,68; p=0,760)
and disease-specific death (OR 0,650; 95% CI, 0,116–3,65;
p=0,623).

**Conclusion** Intra-uterine balloon manipulators used in endome-
trial cancer MIS is associated with higher rates of FT floaters,
but were not associated with recurrence and disease-specific
dearth. Prior tubal ligation is protective.