

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-siroli-mus. 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.

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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 fallopian tubes (FT) floaters increase with the use of uterine manipulators (UM) and whether it may increase cancer recurrence. Our objective is to assess the rate of FT floaters associated 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, histology 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%) without, 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, 1,17–5,23; 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 floater 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 endometrial cancer MIS is associated with higher rates of FT floaters, but were not associated with recurrence and disease-specific death. Prior tubal ligation is protective.

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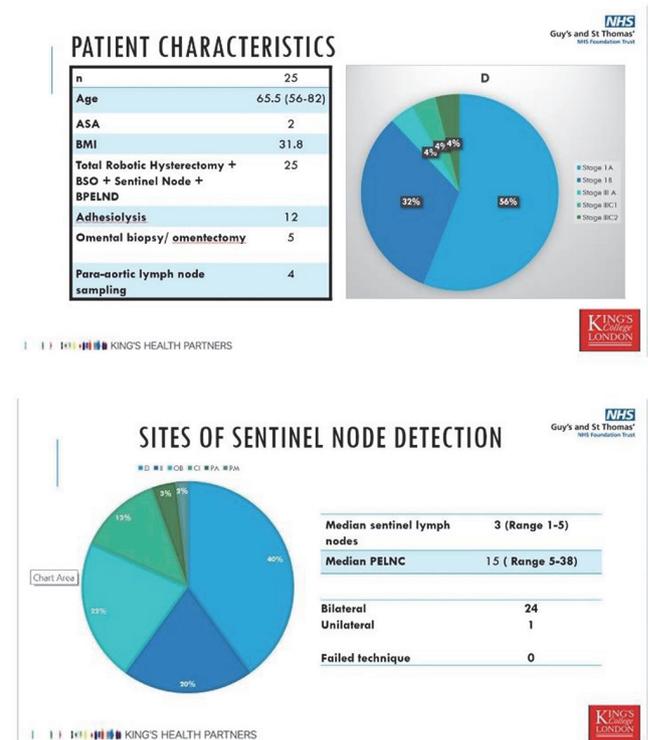
ROBOTIC SENTINEL LYMPH NODE DETECTION IN ENDOMETRIAL CANCER – A PILOT SERIES AT GUY’S AND ST THOMAS’ HOSPITAL

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Introduction/Background Sentinel lymph node (SLN) technique identifies the first node(s) draining any organ and uses ultra-staging 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 intermediate & high-risk endometrial cancer at Guy’s and St Thomas’ 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 fluorescent camera and sampled. Bilateral pelvic lymphadenectomy (BPLND) was performed following SLN sampling.



Abstract 2022-RA-772-ESGO Figure 1

Results 25 patients underwent SLND during robotic staging for intermediate and high-risk endometrial cancer. Mean age