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RECURRENCE OF ENDOMETRIAL CARCINOMA: DIAGNOSIS IN ASYMPTOMATIC PHASE COMPARED WITH SYMPTOMATIC RECURRENCE. DOES IT HAVE ANY IMPACT?

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Introduction/Background To compare the evolution of patients with recurrence of endometrial cancer according to the diagnosis of recurrence and assess if the diagnosis in the asymptomatic phase has any benefit.

Methodology Retrospective review of 434 endometrial cancer cases between 1996–2017, with follow-up until 2019. We consider asymptomatic when there are no symptoms and recurrence is diagnosed by complementary tests requested during follow-up.

Results There were 71 recurrences (16.4%) with a mean follow-up estimated by Kaplan Meier of 220.1 months (95% confidence interval (CI) 208.0–232.3). In 47 patients was symptomatic (66.2%) and in 24 patients asymptomatic (33.8%). We have not found statistically significant differences in both groups, except in the percentage of positive pelvic nodes, which was higher in the asymptomatic group (5 cases (20.8%) versus 2 cases (4.3%) $p=0.04$). There were no statistically significant differences in the number of local and distant recurrences ($p=0.272$). Asymptomatic recurrences in 5 cases (20.83%) were suspected by finding in the physical examination. Therefore, in 52 cases recurrence was suspected due to symptoms or a finding on physical examination (73.2%) and only in 19 cases due to complementary tests requested during follow-up (26.8%). Regarding the time of recurrence, we compared symptomatic and asymptomatic recurrences that occurred in the first 2 years (Hazard ratio (HR) 0.840 (Confidence interval (CI) 95% 0.470–1.502) $p=0.557$), from 3 to 5 years (HR 0.637 (CI 95% 1.86–2.181) $p=0.473$) and from 6 to 10 years (HR 0.966 (95% CI 0.198–4.711) $p=0.966$), without finding statistically significant differences. We have compared the overall survival according to the recurrence clinic using Cox regression we have not found differences with an HR 0.964 (95% CI: 0.541–1.717) ($p=0.901$).

Conclusion Most of the recurrences were diagnosed through a correct clinical history and physical examination. Patients with asymptomatic recurrence did not have a better prognosis than patients with symptomatic recurrence.

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LAPAROSCOPIC SENTINEL LYMPH NODE MAPPING IN ENDOMETRIAL CANCER: A RETROSPECTIVE SINGLE CENTER OBSERVATIONAL STUDY

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Introduction/Background Sentinel lymph node (SLN) mapping has been incorporated in international guidelines as an alternative to systematic lymphadenectomy for endometrial cancer surgical staging. However, the universal adoption of SLN technique is questioned and the aim of this study was to assess SLN mapping efficiency for staging early endometrioid endometrial cancer.

Methodology A retrospective observational study was performed between October 2020 and March 2022. Inclusion criteria for SLN-ICG mapping were the following: endometrioid endometrial cancer FIGO stage IA Grade 1–2 and stage IB Grade 1. Patients with body mass index (BMI) over 40 and/or patients with cervical pathologies were excluded. For the SLN-ICG mapping, 2 ml of indocyanine green (ICG) solution were injected at 3rd and 2 ml at 9th o'clock of the cervix. In case of mono-bilateral sentinel node detection failure, pelvic lymphadenectomy (PLND) was performed. Pathologic ultrastaging with immunochemistry was used.

Results Thirty-two (32) consecutive patients were included. The mean age was 59.72 ± 8.99 years and the mean BMI was 29.05 ± 4.33 kg/m². The mean operative time was 154.8 ± 27.79 minutes. Fifteen ($n=15$, 46.9%) out of the 32 patients underwent laparoscopic total hysterectomy/bilateral salpingo-oophorectomy (LAP TLH/BSO) and SLN-ICG mapping. The mean operative time was 140.6 ± 21.12 minutes. Of the remaining 17 patients, 9 (28.1%) were subjected to LAP TLH/BSO/SLN-ICG and PLND and 8 patients (25%) underwent LAP TLH/PLND without SLN mapping. The mean operative time was 173.8 ± 23.86 minutes and 145.0 ± 30.00 minutes, respectively. The overall and bilateral SLN detection rates were 96% (23/24) and 75% (18/24), respectively. Micrometastases were found only in 1/24 (4%) of SLN patients.

Conclusion The SLN-ICG endometrial mapping presents high diagnostic accuracy for lymph node staging in endometrial cancer, thus reducing operative time and post-operative complications and allowing ultrastaging pathologic assessment and increasing identification of micrometastases.

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SURVIVAL DIFFERENCES AMONG SURGICAL APPROACH IN ENDOMETRIAL CANCER

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Introduction/Background The aim of this study is to compare disease-free survival (DFS) and overall survival (OS) in patients with endometrial cancer according to the surgical approach.

Methodology Retrospective review of 434 endometrial cancer cases treated between 1996–2017, with follow-up until 2019.

Results The most used surgical approach was laparoscopy with 337 (77.6%) cases followed by laparotomy in 77 (17.7%) patients. Vaginal approach was performed in 20 (4.6%) cases that were excluded from the analysis. There were 71 recurrences (16.4%) with a mean follow-up estimated by Kaplan Meier of 220.1 months (95% confidence interval (CI) 208.0–232.3). 92 patients (21.19%) died with a mean follow-up estimated by Kaplan Meier of 202.6 months (95% CI 198.38–215.90). Cox regression model showed that surgical approach