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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  $59.72 \pm 8.99$  years and the mean BMI was  $29.05 \pm 4.33$  kg/m<sup>2</sup>. The mean operative time was  $154.8 \pm 27.79$  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  $140.6 \pm 21.12$  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  $173.8 \pm 23.86$  minutes and  $145.0 \pm 30.00$  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

was not associated with DFS ( $p=0.518$ ) (Hazard ratio (HR) 1.20 95% CI 0.688–2.100). We found differences according to the surgical approach for OS ( $p<0.043$ ) with an HR of 1.63 (95% CI: 1.104–1.63). There is 1.63 times more risk of death in the laparotomy approach. 38 (49.35%) of the laparotomies were performed in the first 5 years of the series, patients died from other causes not due to cancer (18 (60%) versus 22 (37.9%) in the laparoscopy group  $p=0.049$ ). We have compared OS with cancer-specific death in both groups, this difference was not significant ( $p=0.673$ ) (HR 1.15 95% CI 0.587–2.28). We have not found differences in local and distant recurrence ( $p=0.491$ ), or recurrence above vaginal vault ( $p=0.534$ ) in both groups.

**Conclusion** Surgical approach had no impact on DFS or OS in our series. Corresponding to the first years of the series, OS is lower in the LPM group, but when analyzing OS with cancer-specific death, this difference was not significant.

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### IRON PREHABILITATION IN ENDOMETRIAL CANCER PATIENTS WAITING FOR SURGERY: A FEASIBILITY PILOT STUDY

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**Introduction/Background** Surgical lists for cancer treatment steadily increase the last decade as more patients seek treatment in referral centers. During this time, red blood cell parameters are altered in endometrial cancer patients that bleed. Anemia has been previously correlated with increased risk of perioperative transfusion and with increased risk of perioperative infection. The latter may lead to increased intervals to adjuvant treatment which, subsequently, can affect survival rates.

**Methodology** In the present pilot study we assessed patient acceptance and adherence to an iron prehabilitation program as well as differences in red blood cell parameters during this period.

**Results** Overall, 35 patients were enrolled in the present study of whom, 20 received iron prehabilitation at a dose of 300 mg twice a day for a mean period of 45 days. Adherence to the protocol was monitored by phone calls at 15 day intervals until the pre-operative admission to the hospital during which the packages of iron were inspected to evaluate the absolute number of intake. Preoperatively, we observed that red blood cell parameters significantly changed in both groups. Specifically, patients that received iron had significant improvement during the interval to surgical treatment ( $p=.029$ ), whereas patients that did not receive iron supplementation had significant decrease in their blood parameters ( $p=.011$ ). Transfusion rates during the perioperative period were reduced in the transfusion group, however, the result did not reach the appropriate level of statistical significance ( $p=.294$ ) which can be attributed to the relatively small sample size.

**Conclusion** Iron prehabilitation is feasible during the preoperative period in endometrial cancer patients as it is accompanied by high acceptance rates. Moreover, it increases significantly red blood cell parameters and may be accompanied by significantly reduced number of perioperative transfusions, although larger studies are needed to corroborate our findings.

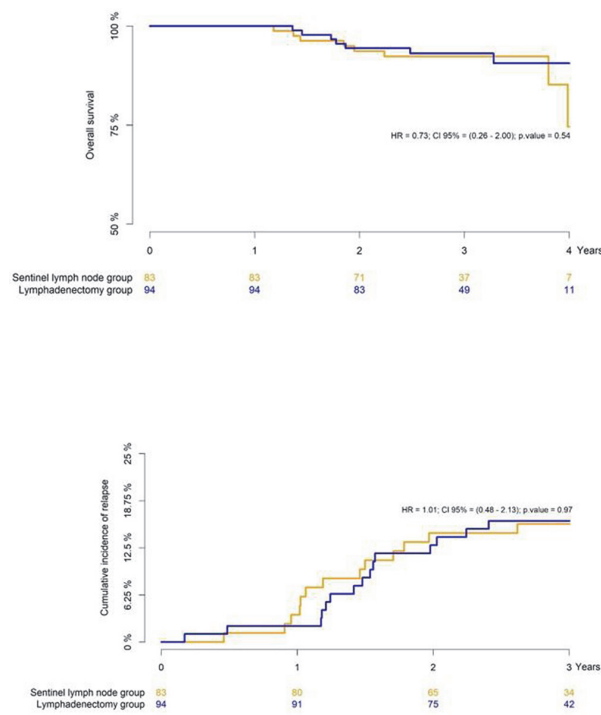
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### LONG-TERM SURVIVAL OUTCOMES IN HIGH-RISK ENDOMETRIAL CANCER PATIENTS UNDERGOING SENTINEL LYMPH NODE BIOPSY VS. LYMPHADENECTOMY

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**Introduction/Background** High-risk endometrial cancers (HREC) have a poor prognosis, are diagnosed at an advanced stage, and represent 15% of all ECs. In these cases, nodal surgical staging is strongly recommended. Traditionally, pelvic and aortic lymphadenectomy (LMP) is performed with relevant post-operative morbidity. Recently, the introduction of sentinel node biopsy (SLN) also in HREC cases offered a less invasive technique with a high accuracy rate. However, the long-term SLN impact on patients' survival is not yet known. The study aims to analyze the long-term survival of HREC patients undergoing SLN biopsy versus systematic LMP.



Abstract 2022-RA-859-ESGO Figure 1

**Methodology** A retrospective multicentre study was conducted. All HREC patients undergoing surgical treatment were divided into SLN group (group 1) and LMP group (group 2). ESGO/ESTRO/ESP risk class was used to identify HREC patients. A minimum follow-up of 12 months was required for each case.