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.

2022-RA-850-ESGO 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.

2022-RA-859-ESGO LONG-TERM SURVIVAL OUTCOMES IN HIGH-RISK ENDOMETRIAL CANCER PATIENTS UNDERGOING SENTINEL LYMPH NODE BIOPSY VS. LYMPHADENECTOMY

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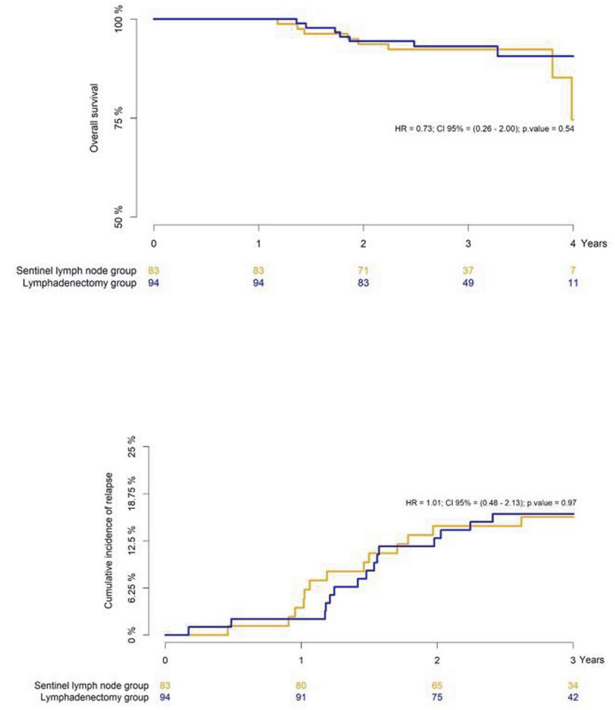
Introduction/Background High-risk endometrial cancers (HREC) have a poor prognosis, are diagnosed at an advanced stage, and represent 15% of all ECs. In these cases, nodal surgical staging is strongly recommended. Traditionally, pelvic and aortic lymphadenectomy (LMP) is performed with relevant post-operative 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.