

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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10.1136/ijgc-2022-ESGO.250

**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.

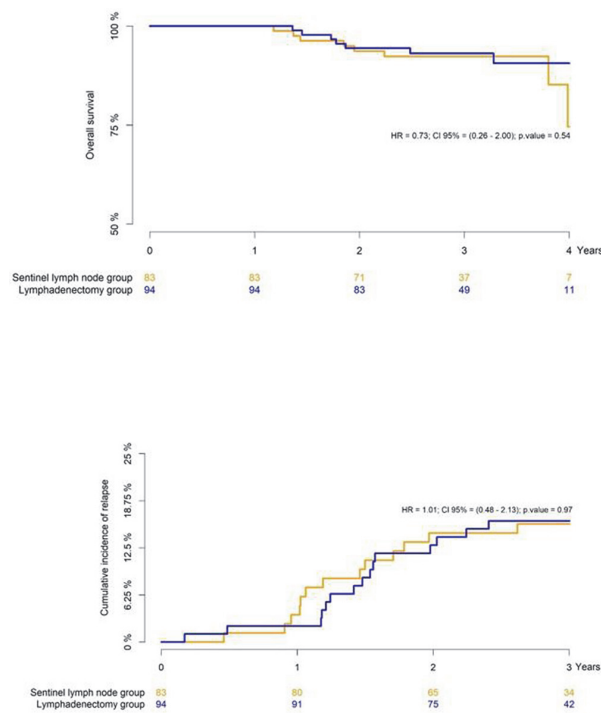
## 2022-RA-859-ESGO

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

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10.1136/ijgc-2022-ESGO.251

**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.

**Results** Of the 177 patients who meet the inclusion criteria, 83 underwent SLN biopsy and 94 cases were staged with systematic LMP. The median follow-up was 36 months (12–46). No significant differences in median age ( $p=0.439$ ), median BMI (0.268), FIGO stage ( $p=0.164$ ), and adjuvant therapy ( $p=0.775$ ) were found in the two groups. Thirty-two recurrences were registered (14 in the SLN and 18 in the LMP group) and 15 cancer-related deaths were reported (8 in the SLN and 7 in the LMP group). One-year OS was 100 vs. 100%, 2-year OS was 94 vs. 95%, and 3-years OS was 92 vs. 93% in groups 1 and 2, respectively (hazard ratio 0.73, Confidence Intervall 95% 0.26–2.00,  $p=0.54$ ). One-year DFS was 96.4 vs. 97.9%, 2-years DFS was 85.2 vs. 86.7%, and 3-year DFS was 83.4 vs. 83.2 in groups 1 and 2, respectively (hazard ratio 1.01, Confidence Intervall 95% 0.48–2.13,  $p=0.97$ ).

**Conclusion** SLN biopsy shows long-term survival outcomes superimposable to systematic LMP in HREC patients.

## 2022-RA-881-ESGO

### INTRODUCTION OF A SENTINEL LYMPH NODE PROTOCOL FOR ENDOMETRIAL CANCER AT A REGIONAL CANCER CENTER IN UK

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10.1136/ijgc-2022-ESGO.252

**Introduction/Background** Lymphadenectomy in endometrial cancer (EC) is one of the controversial topic in gynecologic oncology. Sentinel lymph node (SLN) has become a popular option in the last few years. Belfast City Hospital – Regional Cancer Center in United Kingdom started using SLN since 2021. The aim of this study is to develop a protocol for SLN to standardize the practice in the center.

**Methodology** Retrospective cohort of EC patients with apparently early stage EC undergoing surgical staging with SLN were analyzed from January 2021 onward. All patients with high grade, early stage EC were included. The primary outcome was to assess the overall, bilateral successful and unsuccessful SLN mapping. Secondary outcome was identifying the predictors for mapping failure and adverse events.

**Results** Total of 286 patients with EC diagnosed since January 2021 were analyzed. Seventeen patients were diagnosed as high grade, early stage of EC. However, two were morbidly obese and unfit for SLN. Mean age 69.4 range (53–81 years) including 7 patients with high grade endometrioid adenocarcinoma, 4 with carcinosarcoma, 3 with serous carcinoma and 1 with clear cell carcinoma. Mean body mass index (BMI) was 27.5 (calculated as weight in Kilogram divided by height in meters squared) range (22–36). Regarding detection rate; the successful bilateral mapping, at least successful unilateral mapping and the mapping failure of SLN (60%, 80%, 20%) respectively. No major adverse events were recorded. The advanced age affects the anatomical distribution of SLN. Non endometrioid histotype and lymph vascular space invasion (LVSI) represent independent predictor of unsuccessful mapping.

**Conclusion** SLN is an available option for surgical staging of EC with markedly less complications compared to full lymphadenectomy. We consider all the major factors which might cause failure of SLN during preparation of a protocol in our center.

## 2022-RA-886-ESGO

### PROSPECTIVE MULTICENTER TRIAL ASSESSING THE IMPACT OF POSITIVE PERITONEAL CYTOLOGY CONVERSION ON ONCOLOGICAL OUTCOME IN ENDOMETRIAL CANCER PATIENTS UNDERGOING MINIMALLY INVASIVE SURGERY WITH THE USE OF AN INTRAUTERINE MANIPULATOR

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10.1136/ijgc-2022-ESGO.253

**Introduction/Background** Minimally invasive surgery is the standard approach in early-stage endometrial cancer according to evidence showing no compromise in oncological outcomes but lower morbidity compared to open surgery. However, there is limited data available on the oncological safety of the use of intrauterine manipulators in endometrial cancer.

**Methodology** This prospective multicenter study included endometrial cancer patients undergoing laparoscopic staging surgery with the use of an intrauterine manipulator. We obtained three different sets of peritoneal washings: at the beginning of the surgical procedure, after the insertion of the intrauterine manipulator and after the closure of the vaginal vault. The rate of positive peritoneal cytology conversion and its association with oncological outcomes was assessed (figure 1).

**Abstract 2022-RA-886-ESGO Table 1** Clinicopathological characteristics among the different study groups

	Total N= 124	Group 1 N= 98	Group 2a N= 16	Group 2b N= 10	P- Value
Mean age at surgery, years $\pm$ SD	66.1 $\pm$ 10.0	66.3 $\pm$ 10.1	63.6 $\pm$ 9.4	68.0 $\pm$ 9.4	.495
Mean BMI, $kg/m^2 \pm$ SD	29.5 $\pm$ 8.1	30.1 $\pm$ 8.3	28.2 $\pm$ 7.5	28.2 $\pm$ 7.5	.266
History of tubal sterilization, N (%)	16 (12.9)	13 (13.3)	2 (12.5)	1 (10.0)	.957
Preoperative hysteroscopy, N (%)	79 (63.7)	64 (65.3)	9 (56.3)	6 (60.0)	.759
Surgical lymph node staging performed, N (%)	95 (76.6)	76 (77.6)	14 (87.5)	5 (50.0)	.080
High-grade histology, N (%)	31 (25.0)	23 (23.5)	7 (43.8)	1 (10.0)	.014
Advanced FIGO stage (III/IV), N (%)	20 (16.1)	11 (11.2)	7 (43.8)	2 (20.0)	.020
Positive lymph node status, N (%)	15 (12.1)	8 (8.2)	7 (43.8)	0 (0.0)	<.001
Endometrioid histology, N (%)	109 (87.9)	86 (87.8)	13 (81.3)	10 (100)	.317
LVSI positivity, N (%)	26 (21.0)	15 (15.3)	8 (50.0)	3 (30.0)	.021
Adjuvant treatment performed, N (%)	66 (53.2)	49 (50.0)	13 (81.2)	4 (40)	.145

**Results** 124 patients were included. Clinicopathological data are provided in Table 1, mean follow-up was 120.7 (95% CI 116.2–125.2) months. Peritoneal cytology was negative in 98 (group 1) and positive in 26 patients (group 2). In group 2