Results 2 cases were shifted to open and excluded from the trial. The median BMI of the patients was (37.5), in 3 (16.6%) cases, right nodal dissection was performed through the transperitoneal approach. The average number of pelvic nodal yield was (20). The mean total operative time was 298 (±34.3) minutes. The mean lymphadenectomy time 194.4 (±53.2) minutes. The mean blood loss was 120 (±25.2) ml. the mean hospital stays1.67 (±0.76) days. No patient experienced tumor recurrence with mean follow-up of 12 (±5.6) months.

Conclusion Laparoscopic extraperitoneal pelvic lymphadenectomy is feasible, effective, and safe approach and has an added value when offered to obese females such as cases with endometrial cancer.

Abstract 2022-RA-943-ESGO Figure 1 Kaplan meyer survival curves for 5 year survival (left) and recurrence (right) comparing cases with and without lower uterine segment involvement

Results 429 women were included in the study, 45 (10.5%) were diagnosed with LUS involvement. No differences were found between the groups regarding the demographic or clinical characteristics including age, hypertension, diabetes mellitus, smoking, obesity, infertility, hormonal therapy or histological subtype. LUS involvement was significantly associated with LVI (40% vs. 22% p=0.01), higher stage at diagnosis (p=0.04), and shorter PFS (30.0 months vs. 55.2 months, p=0.02). A decrease in 5 year OS was also observed although this marginally missed statistical significance (88% vs. 77%, p=0.06). A trend towards decreased PFS and OS was demonstrated in the Kaplan Meyer survival curves, however these failed to reach statistical significance, possibly due to an insufficient number of cases (figure 1).

Conclusion LUS involvement appears to confer a poorer prognosis with decreased PFS and a trend towards decreased OS and may be an additional factor to consider in decisions regarding adjuvant treatment following surgical staging for endometrial cancer.