Methodology This is a prospective, multicentric, observational study, women with early-stage EC underwent surgical staging with SNL identification. SNLs were serially sectioned at 2 mm slices thickness perpendicular to the longest axis of the node, the odd slices were submitted to ultra-staging, according to our institutional ultrastaging protocol, even slices were submitted to the OSNA analysis.

Results This is the largest study, until now, with three-hundred-and-sixteen patients enrolled with 668 SNLs analyzed with the two methods OSNA and US. OSNA assay detected 22 (3,3%) positive SNLs of which 17 (2,5%) micrometastases, and 5 (0,7%) macrometastases, whereas ultrastaging detected 24 (3,6%) positive SNLs of which 15 (2,2%) micrometastases and 9 (1,3%) of macrometastases. In addition, OSNA detected 649 negative nodes (including 8 ITC), while Ultrastaging detected 644 negative nodes (with 26 ITC). Using Ultra-staging as a reference method the specificity of 98,4%, the diagnostic accuracy of 96,7%, and the negative predictive value of 98,1% were attended. Discordant results were found in 22 SNLs (3,2%) corresponding to 20 patients (6,3%). We found 10 false-positive SNLs, all micrometastases, and 12 false-negative lymph nodes of which 9 micrometastases and 3 macrometastases.

Conclusion Although only portions of a whole lymph node have been examined with OSNA analysis, it has proved to be highly specific with high diagnostic accuracy, a high negative predictive value, and moderate concordance with the standard US. Therefore, we believe that OSNA is a valid method for analyzing lymph node metastases in patients with apparent early-stage EC, which allows us to analyze the entire lymph node with a standardized method.

2022-RA-997-ESGO LUNG RECURRENCE OF ENDOMETRIAL ADENOCARCINOMA: IMPACT OF MOLECULAR PROFILE AND ROLE OF LOCAL THERAPIES ON PROGNOSIS

1Ana Luzarraga, 2Vicente Bebia, 3Carlos Lopez-Gil, 3Maria Pilar Montoya, 4Alexandra Giraldo, 5Josep Castellvi, 5Angel Garcia-Jimenez, 6Eva Colas, 7Antonio Gil, 8Silvia Cabrera. Gynecologic Oncology, Hospital Vall d’Hebron, Barcelona, Spain; 2Vall d’Hebron Research Institute (VHIR), Barcelona, Spain; 3Thoracic surgery, Hospital Vall Hebron, Barcelona, Spain; 4Radiation Oncology, Hospital Vall Hebron, Barcelona, Spain; 5Anatomy, Hospital Vall Hebron, Barcelona, Spain; 6VAI, Hospital Vall Hebron, Barcelona, Spain

Introduction/Background Endometrial cancer(EC) lung recurrence can be classified as multiple-site recurrence (affecting the lung and other organs) or isolated lung recurrence (affecting only the lung). Isolated lung recurrent patients may have the potential for long-term disease control and improved prognosis with local treatments: stereotactic body radiation therapy (SBRT) or metastasectomy.

Methodology This is a retrospective single-center study including consecutive women diagnosed with stage I-IVA EC at the Hospital Vall d’Hebron between 1995 and 2021 with first recurrence affecting the lung. Patients were classified as multi-ple-site metastatic or isolated lung recurrence, and these last according to the treatment received (local or systemic). We aimed to analyze local response rate and prognostic outcomes according to received treatment and the molecular classification (MC).

Results Isolated lung systemic-treated patients (n=15) were older (77 vs 69.7 years-old at relapse,p=0.43) and had more often bilateral (73.3%vs37.5%, p=0.008) and a higher number of metastases (p=0.001) than locally-treated patients (n=16). Of the locally-treated group, 5 were treated with cases in which LVSI had been reported after routine pathology were independently reviewed by three experienced gynecopathologists according to current clinical practice (review of all tumor-containing H&E stained hysterectomy slides). The final LVSI classification was reached by a majority vote of the expert panel. DNA-sequencing for pathogenic POLE mutations and p53/MMR immunohistochemistry was performed on all cases.

Results After chart review of 770 cases, n=95 LVSI-positive cases were available for further research. LVSI was found to be substantial in 50/95(53%) cases. 5-yr disease-specific survival was 42% in cases with substantial LVSI and 74% in LVSI focal/negative cases. No prognostic impact was observed for molecular classification in this highly selected cohort. While established clinicopathological parameters were shown to be of prognostic significance in univariate analyses, LVSI quantification was shown to be the only independent prognosticator after multivariate analyses (HR 2,24;p=0,04).

Conclusion Our results support further LVSI quantification in EC found to be LVSI-positive upon routine pathology assessment. Patients with substantial LVSI are at high risk for relapse and fatal outcome. LVSI quantification may help to guide adjuvant treatment and might be of key importance for the development of new personalized EC treatment strategies.
SBRT and 11 with surgery. Complete response was achieved in 80% and 90.9%, respectively. 9(56%) vs 1(11.1%) patients were alive and without disease at the end of follow-up (median follow-up: 5.9 years) in local and systemic treatment groups, respectively (p=0.055). Median-time-to-progression was higher in local-treatment group (3.5 ys vs 0.7 ys, p=0.029), as well as 5-year-OS (80.8% vs 44.4%, p=0.88). No statistically significant differences were found between multiple-site metastatic patients and isolated lung recurrent patients regarding molecular profiling: 21.9% were MSI, 34.4% NSMP, 21.9% p53-abn and 0% POLEmut (p=0.537). Disease-free-survival (DFS) by molecular classification was similar between isolated lung recurrent patients after their treatment (figure 1).

Conclusion Isolated lung recurrent patients locally-treated had the best DFS, OS, and a higher median-time-to-progression. Among tumors recurring in the lung, NSMP was the most frequent group. DFS was similar after lung recurrence treatment regarding molecular profile in the oligometastatic cohort.

Introduction/Background The clinical impact of isolated tumor cells (ITC) (≤0.2 mm) in sentinel lymph nodes (SLN) of endometrial cancer (EC) is unclear. This study compared the recurrence-free survival (RFS) of intermediate-risk EC patients who underwent SLN biopsy and were node-negative vs. those who had ITC.

Methodology Patients with SLN-ITC, between 2012 and 2019, were identified from 21 centers worldwide, while SLN-node-negative patients were identified from Mayo Clinic, Rochester, between 2013 and 2018 and served as comparing group. Only patients with uterine-confined EC and intermediate-risk factors [grade 1 or 2 endometrioid and myometrial invasion (MI) ≥50%; grade 3 endometrioid and MI <50%; non-endometrioid without MI] were included. Adjuvant therapy (ATx) included vaginal brachytherapy (VB), external beam radiation and/or chemotherapy (EBRT±CHT). The primary outcome was non-vaginal recurrence (hematogenous, peritoneal or lymphatic).

Results Of 200 patients included, 74 had ITC and 126 were node-negative. Sixteen patients had a non-vaginal recurrence and the median follow-up for patients without recurrence was 2.9 (IQR, 1.8–3.8) and 2.8 (0.8–4.4) years for the two groups, respectively. Among the 162 patients with ATx (VB

Abstract 2022-RA-998-ESGO Figure 1

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