

difference between the NLR measurements of the cases from different groups ( $p < 0,001$ ).

**Conclusion** As a non-specific inflammatory marker, NLR was elevated in women with endometrial cancer. Simple, cheap and easy-to-perform, the NLR can be used as a potential inflammatory marker, for endometrial malignancy.

#### 2022-RA-1017-ESGO CONCURRENT ENDOMETRIAL CARCINOMA IN HYSTERECTOMY SPECIMENS IN PATIENTS WITH ATYPICAL ENDOMETRIAL HYPERPLASIA

<sup>1</sup>Cemal Resat Atalay, <sup>2</sup>Funda Atalay. <sup>1</sup>*Gynecology and Obstetrics, ANKARA CITY HOSPITAL Ankara Numune Education and Research Hospital, ANKARA, Turkey;* <sup>2</sup>*Dr.AY Ankara Oncology Education and Research Hospital, ANKARA, Turkey*

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**Introduction/Background** The aim of this study was to evaluate the role of sub-histological types of atypical endometrial hyperplasia in the patient group treated with the diagnosis of atypical endometrial hyperplasia and whose final pathology is endometrial cancer.

**Methodology** A retrospective review of five years of patients (N = 94) who underwent hysterectomy for a diagnosis of atypical endometrial hyperplasia at a tertiary gynaecologic oncology center. Clinical and pathological characteristics were obtained.

**Results** The rate of concurrent endometrial carcinoma was 40,34% (n = 23) with most being stage 1A endometrioid histology. . Significantly higher rates of carcinoma were reported in patients with complex atypical hyperplasia (86,95%) and EIN (13,04%), There was no patient who had simple atypia hyperplasia but whose pathology was endometrial cancer after hysterectomy.

**Conclusion** Complex atypical hyperplasia/EIN and postmenopausal status were significant predictors of concurrent endometrial carcinoma in patients with atypical endometrial hyperplasia.

#### 2022-RA-1019-ESGO ENDOMETRIAL HYPERPLASIA AND CANCER: RESULTS OF TWO REFERENCE HOSPITALS IN ANKARA

<sup>1</sup>Funda Atalay, <sup>2</sup>Cemal Resat Atalay, <sup>1</sup>Hacer Ozdemir. <sup>1</sup>*Gynecologic Oncology Surgery, Dr. AY Ankara Oncology Education and Research Hospital, Ankara, Turkey;* <sup>2</sup>*Gynecology and Obstetrics, ANKARA CITY HOSPITAL (Ankara Numune Education and Research Hospital), ANKARA, Turkey*

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**Introduction/Background** Endometrial hyperplasia (EH) was classified by the World Health Organization in 2014 into two categories based on the presence of cytological atypia . Approximately, 200,000 new cases of EH are diagnosed annually in developed countries .EH is of significant clinical importance, given that it is the precursor of endometrial carcinoma, the most common gynecological cancer in developed countries

**Methodology** We retrospectively reviewed the medical records of 675 cases with pathology results of nonatypical endometrial hyperplasia and above, out of 1122 patients

who underwent endometrial biopsy for abnormal uterine bleeding at two referral hospitals in Ankara between 2015 and 2020. Data were extracted for age, menopausal status, endometrial thickness .presence of breast cancer, use of tamoxifen, symptoms, surgical treatment and histopathology .

**Results** Data of 675 patients were evaluated. The median age was 47 years (min 24-max 82). Transvaginal ultrasonography results of 530 patients were obtained, median endometrial thickness was 12 mm (min 3- max 40). 526 of the cases were premenopausal, 149 of them were postmenopausal. 12 of 23 cases with breast cancer were using tamoxifen. 32 of 675 cases were asymptomatic, 496 of them were abnormal uterine bleeding. and 143 of them had endometrial biopsy with the diagnosis of postmenopausal bleeding. 164 of the cases were treated surgically.

**Conclusion** In the evaluation of 1122 patients who underwent endometrial biopsy due to abnormal uterine bleeding, endometrial hyperplasia and higher lesions were detected in 675 (60.16%) cases, and endometrial cancer was observed in 86 (7,66%) of these cases.

#### 2022-VA-1045-ESGO SENTINEL LYMPH NODE BIOPSY IN SURGICAL STAGING FOR ENDOMETRIAL CARCINOMA PATIENTS

Laura Gil García, Ana Pérez-Cejuela, Alejandro Muller Bravo, Marina Pérez Duce, Patryk Daniel Janiszewski, María De Cardenas Carrillo de Albornoz, Ana María Granado San Miguel, Jose Antonio Mestanza Garrido. *Hospital General Universitario de Talavera de la Reina, Talavera de la Reina, Spain*

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**Introduction/Background** Sentinel lymph node mapping (SLN) has emerged as a reliable alternative for endometrial cancer (EC) lymph node assessment. Numerous studies have shown that SLN is comparable to LND in both low- and high-risk EC patients, and that oncological outcomes are similar between the SLN and LND groups (1, 2). The 2020 National Comprehensive Cancer Network guidelines (3) recommend surgical staging in low- and high-risk EC patients. The advantage of SLN lies in pathological superstaging, avoiding overtreatment and undertreatment.

We did retrospective single-center study, to evaluate the detection rate and diagnostic accuracy of the SLN procedure in predicting pathological iliac lymph node status in patients with early-stage endometrial cancer from 1 April 2020 to 1 February 2022.

**Methodology** SLN assessment using cervical injection with green indocyanine administered to the cervix (superficial 1–3 mm and deep 1–2 cm, 4 ml in total) and systematic dissection of pelvic lymph nodes in patients with FIGO stage I-II endometrial cancer. All lymph nodes were histopathologically examined, and SLNs were serially negative predictive value (NPV) of sentinel lymph node biopsy.

**Results** Overall, 22 patients, SLN group (21, 95%), and LND group (11, 50%) allowing us to correlate the results of both techniques. SLN were positive in 6 cases (28.5%) and LND were positive in 80% of cases. SLN mapping showed high sensitivity of 100% and negative predictive value of 100%, in our results.