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.

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 IA 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.

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 super-staging, 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.
Conclusion Restaging with lymphadenectomy does not alter prognosis of early-stage, LVSI positive patients.

**Abstract 2022-VA-1045-ESGO**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>BMI (kg/m2)</th>
<th>Parity</th>
<th>FIGO 2009 stage periperal MRI</th>
<th>Stage postoperative</th>
<th>Preoperative histology</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 (50-82)</td>
<td>27(15.9-42)</td>
<td>21 (95,5)%</td>
<td>IA: 15 (68%)</td>
<td>IB: 2 (92%)</td>
<td>Endometrioid: 18 (81%)</td>
</tr>
<tr>
<td>Clear cell: 4 (18%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Serous papillary: 3 (13,5%)</td>
</tr>
</tbody>
</table>

**WORST ENDOMETRAL CANCER PATIENTS WITH LymphOVASCULAR INVASION DOES NOT SIGNIFICANTLY IMPACT THEIR SURVIVAL OUTCOMES**

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**Conclusion** The current evidence for SLN mapping versus LND was reviewed. (4, 5, 6, 7). Regardless of the surgical approach, SLN reduces blood loss during surgery. Further studies on operative time and complications are needed for further analysis. SLN mapping is more targeted for fewer lymph node dissections and more positive lymph node detection, even in high-risk patients. The utility of SLN does not imply adverse survival in EC patients.

**2022-RA-1052-ESGO**

LOW-RISK ENDOMETRIAL CANCER AND NO ADJUVANT TREATMENT: DO ISOLATED TUMOR CELLS (ITC) HAVE AN EFFECT ON RECURRENCE? AN INTERNATIONAL MULTI-INSTITUTIONAL COMPARATIVE STUDY BETWEEN ITC AND NODE-NEGATIVE IN SENTINEL LYMPH NODE BIOPSY

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**Introduction/Background** Lymphovascular space invasion (LVI) is considered to be a poor prognostic factor in endometrial cancer. However, management of patients with early-stage endometrial cancer with positive LVI remains controversial. Main objective of the present study is to investigate whether surgical restaging of such patients has a significant effect on survival outcomes or may be otherwise omitted.

**Methodology** A retrospective cohort study was conducted in Gynaecologic Oncology Unit, Insitut Bergonie, Bordeaux, France regarding the period 2003–2019. We included patients with definitive histopathological diagnosis of early-stage, grade 1–2 endometrial cancer with positive LVI. Patients were divided into two groups, those being restaged with pelvic and para-aortic lymphadenectomy (group 1) and those not restaged and receiving complementary therapy (group 2). Primary outcomes of the study were overall survival and progression-free survival. Epidemiological data, clinical and histopathological characteristics as well as complementary treatment received were also studied. Kaplan-Meier and cox regression analysis were performed for the scope of this study.

**Results** There were overall 30 patients retrieved, of which restaging with lymphadenectomy was performed in 21 patients (group 1), while another 9 patients (group 2) were not restaged and received complementary therapy. Positive lymph node was observed in 23.8% of patients of group 1 (n=5). No significant difference was observed between groups 1 and 2 in terms of survival outcomes. Median OS in group 1 was 91.31 and 90.61 in group 2 (HR:0.71, 95% CI: 0.5–1.96, p=0.21). Median DFS was 87.95 and 81.52 respectively for two groups (HR:0.85, 95% CI:0.12–5.91, p=0.869)

**Abstract 2022-VA-1045-ESGO Table 1 Patient characteristics**

- **Patients (n=22)**
  - Age (years): 67 (50-82)
  - BMI (kg/m2): 27(15.9-42)
  - Parity: 21 (95,5)%
  - FIGO 2009 stage periperal MRI: IA: 15 (68%) IB: 2 (92%)
  - Stage postoperative: IA: 12 (54%) IB: 4 (18%) IIIbC1: 4 (18%) IIIbC2: 2 (9%)
  - Preoperative histology: Endometrioid: 18 (81%)
  - Clear cell: 4 (18%)
  - Serous papillary: 3 (13,5%)

**Conclusion** Restaging with lymphadenectomy does not alter prognosis of early-stage, LVSI positive patients.