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

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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

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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

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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 histiopathologically 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.

Abstract 2022-VA-1045-ESGO Table 1 Patient charecteristics

	Patients (n= 22)
Age (years)	67 (50-82)
BMI (kg/m2)	27(19,15-42)
Parity	21 (95,5%)
FIGO 2009 stage perioperative MRI	IA: 15 (68%)
	IB: 7 (32%)
Stage postoperative	IA: 12 (54%)
	IB: 4 (18%)
	IIIC1: 4 (18%)
	IIIC2: 2 (9%)
Preoperative histology	Endometroid: 18 (81%)
	Clear cell: 1 (4,5%)
	Serous papillary: 3 (13,5%)

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-1047-ESGO SURGICAL RESTAGING OF EARLY-STAGE ENDOMETRIAL CANCER PATIENTS WITH LYMPHOVASCULAR INVASION DOES NOT SIGNIFICANTLY IMPACT THEIR SURVIVAL OUTCOMES

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Introduction/Background Lymphovascular space invasion (LVSI) is considered to be a poor prognostic factor in endometrial cancer. However, management of patients with early-stage endometrial cancer with positive LVSI 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 LVSI. 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 restagging 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: 0.03–16.58, p=0.829). Median DFS was 87.95 and 81.52 respectively for two groups (HR:0.85, 95% CI:0.12–5.91, p=0.869)

Conclusion Restaging with lymphadenectomy does not alter prognosis of early-stage, LVSI positive 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 The prognostic value of isolated tumor cells (ITC) (≤0.2 mm) in sentinel lymph nodes (SLN) of patients with endometrial cancer (EC) is still unclear. This study compared the recurrence-free survival (RFS) of low-risk EC patients who received no adjuvant therapy, who underwent a 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 a comparing group. Only patients with stage IA endometrioid histology, and low-risk profile (grade 1 or 2 endometroid and myometrial infiltration <50%) who did not receive adjuvant therapy were included. The primary outcome was non-vaginal recurrence (peritoneal, hematogenous, and lymphatic).

Results A total of 494 patients (42 ITC and 452 node-negative) were included. There were 15 recurrences and the overall median follow-up for patients without recurrence was 2.2 (IQR 1.1–3.0) years for the ITC group and 2.6 (IQR 0.6–4.2) years for the node-negative group. The presence of SLN-ITC