

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

	Patients (n= 22)
Age (years)	67 (50-82)
BMI (kg/m ²)	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	Endometrioid: 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, Institut 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 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: 0.03–16.58, 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 endometrioid 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