

Frequencies of MMR loss of expression were: MLH1/PMS2 loss in 14, MSH2/MSH6 loss in 5, MSH6 loss in 5, and PMS2 loss in 2. Six patients (5.6%) had germline mutations suggestive of LS with 2 (1.9%) among them having positive family history. Stage at diagnosis did not differ significantly between dMMR and pMMR. Lymphovascular invasion (LVI) ($p = 0.003$), and grade 2–3 ($p = 0.002$) were significantly more frequent in the dMMR group. Two-year recurrence-free survival (RFS) in pMMR and dMMR groups were 86% and 91% ($p=0.8$) respectively, while median RFS was not reached in either group.

Conclusion Almost one in four EC tumours is dMMR, with higher MMR reflexed detection of LS than by family history criteria. Higher grade and LVI were more common in dMMR but short-term outcomes were similar in dMMR and pMMR.

2022-RA-1509-ESGO THE MULTISENT STUDY: ANALYSIS OF SURVIVAL ACCORDING TO THE VOLUME OF SENTINEL LYMPH NODE DISEASE

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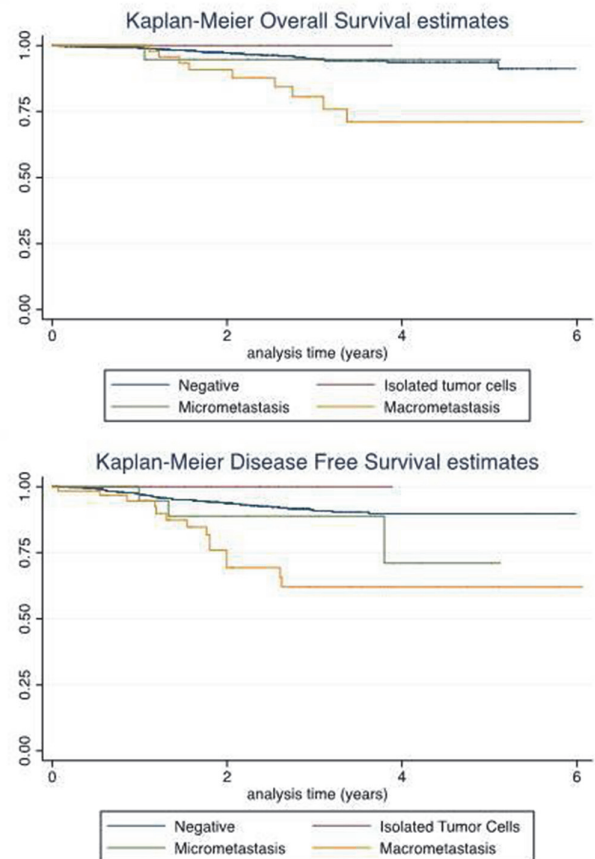
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Introduction/Background The MULTISENT study is an initiative that aims to analyze the clinical application of sentinel lymph-node (SLN) technique in Spain. This abstract presents the second objective of the study, aiming to evaluate the rate of SLN metastases detected and the impact of the volume of the disease on the survival of the patients.

Methodology Multicenter retrospective study in which twenty-nine Spanish centers were enrolled. Patients operated between 2015–2021 with preoperative clinical stage I-II EC and undergoing SLN mapping as part of their surgical protocol were included. SLN mapping was performed with three different tracers (ICG, ICG + 99mTC and 99mTC alone or in combination with blue dyes) and different sites of injections were used (cervical, uterus and both). Pelvic lymphadenectomy was performed in 54% of the cohort and aortic lymphadenectomy in 26%, according to the preoperative risk of the patient and the institutional protocol. OSNA or ultra-staging protocols with immunohistochemistry were used to study SLN specimens.

Results 1182 eligible patients were analyzed. Median age was 62.7 y (55.9–70.5 y). Median number of resected SLNs was 2 (range 1–3) per patient. Minimally-invasive surgeries were performed in 1127 (95%) patients. 117 patients (9.9%) had positive SLNs, 68 patients (5.7%) with macrometastases and 49 (4.2%) with low-volume disease (24 micrometastases and 25 isolated tumour cells, ITC). Patients with macrometastases had

a significantly higher proportion of non-endometrioid histologies, grade 3, lymph-vascular invasion, and received more extensive surgery and adjuvant chemotherapy. False-negative rate (FNR) of the SLN technique in the cohort was 1.6%. With a median follow up of 1.8 y (0.9–3 y), patients with macrometastases in SLN showed a decreased overall survival (OS) and disease-free survival (DFS) when compared to patients with negative SLN, ITC or micrometastases (figure 1).



Abstract 2022-RA-1509-ESGO Figure 1

Conclusion SLN is a feasible technique with high sensitivity and low false-negative rate. Patients with macrometastases showed the worst results in terms of OS and DFS.

2022-RA-1520-ESGO FERTILITY SPARING OPERATIVE HYSTEROSCOPY FOR PATIENTS WITH STAGE IA G1/G2 ENDOMETRIOD ENDOMETRIAL CARCINOMA- FARGHALY'S TECHNIQUE

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Introduction/Background Fertility-preserving treatment is possible in a selected group of young women with endometrial cancer. Although invasive surgery is the treatment of choice, in women wishing to maintain fertility, non-invasive treatment should be considered.

Methodology Patients who have endometrioid endometrial cancer stage IAG1/G2 and desire fertility preservation are selected. The patients receive transcervical hysteroscopic tumor resection under general anesthesia. Stryker's 2.9 mm Rev360 hysteroscope is used. The uterine cervix is gradually dilated up to 8 using a Hegar dilator. The uterine cavity is distended with 3.0-L bags of 1.5% glycine under a gravity inflow of 70 mm Hg pressure. A 5-mm cutting loop electrode with 100 W of power is used to resect the tumor lesion until the myometrium underlying the lesion is visualized. Samples are subjected to histopathological examination. Postoperatively, the patients receive combined therapy of Medroxy Progesterone Acetate (MPA) 600 mg daily combined with Metformin for 12 months. The treatment is monitored by hysteroscopic targeted endometrial sampling every 3 months. Psychological support is provided to manage the risk of developing anxiety and depression.

Results Blood loss is minimal and uneventful post-operative recovery. The tumor histology and grading were confirmed and there is no lymphovascular space invasion noted in the final pathologic examination. The complete response to therapy is defined as the absence of disease on subsequent endometrial biopsy, and partial response if the disease is downgraded. No response is defined as who has no evidence of response, and progression is defined as the presence of a higher grade of cancer on biopsy. Also, obstetrical outcomes are noted.

Conclusion Farghaluy's technique of hysteroscopic tumor resection followed by progestin and Metformin therapy for early-stage endometrial cancer is a safe conservative treatment strategy. It could be an option for young patients who wish to preserve fertility

2022-RA-1526-ESGO

RISK FACTORS FOR SENTINEL LYMPH NODE INVOLVEMENT IN PATIENTS WITH APPARENT EARLY-STAGE ENDOMETRIAL CANCER: A RETROSPECTIVE SINGLE-CENTER STUDY

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Introduction/Background Sentinel lymph node (SLN) mapping with indocyanine green (ICG) has become the standard of care in apparent early-stage endometrial cancer. The aim of this study is to evaluate the possible risk factors (RFs) for lymph-nodal metastases, differentiating by the type of metastasis.

Methodology This is an observational single-center retrospective study. We reviewed 96 patients with a diagnosis of apparent early-stage endometrial cancer submitted to hysterectomy with salpingo-oophorectomy and SLN mapping from December 2015 to March 2022. Possible RFs for nodal metastasis were considered including clinical (age, BMI), and biochemical (CA125, CA 19.9, HE-4) parameters, anatomopathological characteristics (Myometrial invasion – MI, Lymphovascular space invasion (LVSI), grade, histotype) and immunohistochemical findings (L1CAM, Ki67, estrogen receptor – ER, progesterone receptor- PR). Odds ratios

(ORs) were calculated, and then RFs were confronted with logistic regression.

Results Overall detection rate was 94.8%, 83.3% bilateral, and 11.5% unilateral. We removed 181 suspected SLNs. The preponderance of SLNs was found at the external iliac and interiliac stations (69%). 7 patients had macrometastases, 5 micrometastases, and 7 ITCs. Higher ER percentage resulted in a protective factor (PF) for lymph nodal metastasis. MI more than 50%, LVSI, and p53 positivity resulted in RFs for lymph nodal metastases. Histotype, age, and L1CAM showed a slight, not significant, correlation as possible RFs. The multivariate multinomial analysis didn't find any statistically significant differences between the RFs and the type of metastasis.

Abstract 2022-RA-1526-ESGO Table 1 Impact of possible risk factors on model involvement

Risk Factor	Positive Lymph nodes		Negative Lymph Nodes		Odd Ratios		
	N	N	CI- (95%)	OR	CI+ (95%)		
CA 125 >= Median	13	25	0.6	1.8	5.6		
CA 125 < Median	6	21					
CA 19.9 >= Median	9	29	0.3	0.8	2.4		
CA 19.9 < Median	10	27					
HE4 >= Median	11	27	0.5	1.5	4.2		
HE4 < Median	8	29					
Age > Median	13	27	0.8	2.3	7.0		
Age < Median	6	29					
BMI > Median	8	30	0.2	0.6	1.8		
BMI < Median	11	26					
Grade = 3	7	9	0.7	2.4	7.8		
Grade < 3	12	37					
Type 1	5	4	0.8	3.8	15.9		
Type 2	14	42					
ER % >= Median	2	21	0.01	0.07	0.4		
ER % < Median	11	9					
PR % >= Median	4	18	0.08	0.3	1.4		
PR % < Median	8	12					
Ki67 % >= Median	7	15	0.3	1.2	4.6		
Ki67 % < Median	6	16					
MI >= 50%	12	15	1.6	4.7	14.1		
MI < 50%	7	41					
LVSI +	12	28	1.1	9	75		
LVSI -	1	21					
L1CAM +	5	11	0.8	3.9	19.4		
L1CAM -	3	26					

Conclusion Our study shows a good SLN detection rate in line with the literature. The multivariate multinomial analysis shows that there are no differences in the RFs for the different types of metastases suggesting that these entities are a pathological continuum. Further studies are needed.

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ENDOMETRIAL CANCER PATIENT-DERIVED EXPLANTS DETECT DRUG-RESPONSES TO STANDARD-OF-CARE CHEMOTHERAPIES AND IMMUNOTHERAPY EX-VIVO

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Introduction/Background A novel Endometrial Cancer Patient-Derived-Explant (EC-PDE) preclinical model system was developed that is capable of detecting patient-specific drug-responses to standard-of-care chemotherapies and immunotherapy *ex vivo*.