

**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

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#### 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*.