Introduction/Background
The role of sentinel lymph node mapping in patients with complex atypical hyperplasia (CAH) is a debated topic in literature and needs to be clarified. The aim of this study was to describe the surgical outcomes, intraoperative complications of patients with CAH undergoing a radical surgical staging with or without sentinel-lymph-node biopsy, and to describe the incidence and histopathological features of endometrial cancer (EC) diagnosed in each group.

Methodology
All patients with pre-operative diagnosis of CAH were retrospectively retrieved. Study population was subdivided based on surgical staging procedures in Group-1 (total hysterectomy) and Group-2 (total hysterectomy plus SLN-biopsy).

Results
460 patients were identified (Group-1:192, Group-2: 268). The surgical approach differed significantly between the two groups, with a higher rate of robotic procedures in Group 2 and laparoscopic procedures in Group 1 (28.7% vs 63.1%, respectively, p <0.001). No disparities in surgical variables were registered between Group-1 and Group-2 except for the rate of intraoperative (IO) and postoperative complications of patients with CAH undergoing radical treatment of CAH. During the decision-making process the 28.1% rate of understaging together with a non-negligible proportion of High-intermediate and High-risk classes should be balanced with a 39.2% rate of overtreatment.

Conclusion
SLN dissection is a safe and not time-consuming procedure that can be proposed while counseling patients for radical treatment of CAH. During the decision-making process the 28.1% rate of understaging together with a non-negligible proportion of High-intermediate and High-risk classes should be balanced with a 39.2% rate of overtreatment.

Introduction/Background
Approximately 40% of complex atypical hyperplasia (CAH) are finally upstaged to invasive endometrial carcinoma (EC). The aim of this study was to identify pre-operative variables that can predict the presence of concomitant EC at final histopathological analysis, so as to identify a population at increased risk of EC and to help the clinician in the preoperative and surgical management of patients with CAH.

Methodology
Multicenter retrospective analysis of patients with pre-operative diagnosis of CAH who underwent total hysterectomy. Study population have been divided according to final histopathological analysis into Group-1 (including patients with final diagnosis of benign condition or CAH) and Group-2 (including patients with final diagnosis of EC).

Results
A total of 460 patients have been retrieved. Group-1 included 243 patients while Group-2 217. The following pre-operative variables resulted as significant predictors of EC at univariate analysis: older age (51–64 years: OR 2.140, p=0.001), post-menopausal condition (OR 1.644, p=0.012), the presence of comorbidities (OR1.497, p=0.032), the abnormal uterine bleeding (AUB) (OR:1.647, p= 0.011), the diagnosis of endometrial thickening as a pre-operative ultrasound (US) feature (OR:3.569, p <0.001) and an endometrial thickness ≥20 mm at pre-operative US (OR:2.735, p<0.001). At multivariate analysis the age between 51–64 years: OR 2.140, p=0.001), post-menopausal condition (OR 1.644, p=0.012), the presence of comorbidities (OR1.497, p=0.032), the abnormal uterine bleeding (AUB) (OR:1.647, p= 0.011), the diagnosis of endometrial thickening as a pre-operative ultrasound (US) feature (OR:3.569, p <0.001) and an endometrial thickness ≥20 mm at pre-operative US (OR:2.735, p<0.001). At multivariate analysis the age between 51–64 years: OR 2.140, p=0.001), post-menopausal condition (OR 1.644, p=0.012), the presence of comorbidities (OR1.497, p=0.032), the abnormal uterine bleeding (AUB) (OR:1.647, p= 0.011), the diagnosis of endometrial thickening as a pre-operative ultrasound (US) feature (OR:3.569, p <0.001) and an endometrial thickness ≥20 mm at pre-operative US (OR:2.735, p<0.001).
Conclusion Perimenopausal women with diagnosis of CAH, a pre-operative US diagnosis of endometrial thickening together with an endometrial thickness ≥ 20 mm should be considered at high risk of concomitant EC at final histological examination. Gynecologist should consider these factors when counseling these patients and tailoring the surgical strategy, possibly considering the need for nodal evaluation.

**Introduction/Background**

Endometrial cancer is the most common gynaecological malignancy in the developed world. Robot-assisted surgery has proven benefits particularly amongst the obese patients. Indeed older cohort of patients could also benefit from this modality of surgery. The primary objective of this prospective study was to evaluate the risk factors for complications amongst older cohort of women. This could then help focus attention on specific elements of the peri-operative enhanced recovery pathway.

**Methodology**

A multicentre prospective study amongst seven cancer centres in the United Kingdom was performed. The study was registered as a service evaluation at each of the individual centres and it was deemed that a formal ethical approval was not required. All women aged 65 or older, who were undergoing robot-assisted hysterectomy for early stage endometrial cancer were eligible. Frailty was evaluated using the Clinical Frailty Score. Post operative events including any unplanned readmissions were recorded. The cohort of patients who had not experienced any complications were compared with those that had any complications. Parametric, non-parametric and Chi-square tests were performed.

**Results**

During this preliminary stage evaluation, dataset from 119 patients were included. 106 experienced no complications and 13 (11%) were recorded as experiencing a complication ranging from Clavien-Dindo Grade I – IIb. The median age of the entire cohort of patients was 74 years. There were no significant differences between the groups with respect to age, performance status, BMI, ASA or Charlson comorbidity index. Indeed there were no differences with respect to surgical procedure. Frailty (P<0.05) and polypharmacy (P<0.005) were significant risk factors.

**Conclusion**

In this prospective evaluation of risk factors for post-operative complications in older women undergoing robot assisted surgery for endometrial cancer, frailty and polypharmacy are predictors of any complications. These two factors warrant special attention during the prehabilitation of older patients even prior to minimally invasive surgery.