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 (SLN) 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-1. The rate of intraoperative (IO) and postoperative complications (respectively: p=0.075, p=0.143). Furthermore, both severe and overall rate of intraoperative (IO) and postoperative complications did not significantly vary across Groups (respectively: no severe IO complications occurred, p=0.868, p=0.489, p=0.07). At final histopathological examination the incidence of EC was significantly higher in Group 2 (p<0.001). Considering only EC cases, the distribution of prognostic risk groups did not significantly vary within Groups (p=0.329), while in the overall series the most frequent risk class was Low (71.4%), followed by High-intermediate (11.1%), Intermediate (9.7%) and High (7.8%). The rate of understaging was 28.1% and the rate of overtreatment 39.2%.

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 patient with final diagnosis of benign condition or CAH) and Group-2 (including patient 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, ≥65 years: OR 2.140, p=0.001), post-menopausal condition (OR 1.644, p=0.012), the presence of comorbidities (OR 1.497, p=0.032), the abnormal uterine bleeding (AUB) (OR 1.644, 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, the diagnosis of endometrial thickening during US-scan and the US identification of an endometrial thickness ≥20 mm were confirmed as independent risk factors for concomitant EC (age 51–64 yr OR: 1.823, p=0.040, US endometrial thickening OR: 3.122, p<0.001, US endometrial thickness ≥20 mm OR: 1.938, p=0.010) (table 1).
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.

Abstracts

2022-RA-1610-ESGO DOES UTERINE MANIPULATOR REALLY AFFECT OVERALL SURVIVAL OR PROGRESSION-FREE SURVIVAL IN ENDOMETRIAL CANCER? Andreas Raie Ramirez, Octavio Arencibia Sanchez, Laura Moley Sala, Maria Laseca Modrego, Daniel Gonzalez Garcia-Cano, Alicia Martin Martinez, Beatriz Navarro. Gynecologic oncology, CHUIMI, las palmas de gran canaria, Spain

Introduction/Background Since evidence questioned the safety of minimally invasive approaches in gynecological cancer, different risk factors have been sought that seem to worsen oncological results, among which is the use of the uterine manipulator. Our objective is to analyse how does uterine manipulator really affect overall survival or progression-free survival in endometrial cancer in a center which traditionally use it.

Methodology Retrospective descriptive observational study including all patients diagnosed with endometrial cancer in the gynecology-oncology unit of CHUIMI from 2008 to 2018 with subsequent follow-up until 2021. Demographic variables, histological traits, intra-operative data and relapse rate, location and current status of the patient were studied.

Results 746 patients with endometrial cancer were included, among whom 676 were stages I and II (90.6%) and 70 were stages III and IV (9.4%). Focusing on stages I and II, 566 were type I (83.7%) and 117 (16.3%) were type II. All cases were treated by laparoscopy using RUMI-type uterine manipulator. Overall (all stages), the recurrence rate was 12.3% (92) with a death rate of 9.5% (71). In the early stages (I and II), the overall recurrence rate was 10.5% (71) with a death rate for these stages of 7.24% (49). Regarding histological type, in tumors type I in early stages the recurrence rate was 8.8% (50) while in type II tumors in early stages it was 19.1% (21). The most frequent type of recurrence in our sample is systemic, representing 38% (19) in type Ivs, vaginal vault recurrence in 26% (13) and 81% (17) in type Ivs dome recurrence in 4.8% (1). The median progression-free survival in early stages was 19 months in relapsed patients, with the earliest recurrences being in the vaginal vault (median 12 months).

Conclusion These data agree with those published in the literature and the overall survival rate as well as in the early stages are above 90%. Local recurrences can be explained by the use of the uterine manipulator, but nevertheless, other factors should be taken into account. We need more trials to know more about this issue.

2022-RA-1617-ESGO FRAILTY INFLUENCES COMPLICATIONS FOLLOWING ROBOT ASSISTED SURGERY IN THE ELDERLY

1Rasiah Bharathan, 1Thanuya Mahendran, 2Eva Mynokfaltakiki, 2Emma Long, 3Amy Fisher, 1Konstantinos Falaiologos, 1Mohamed Olfey, 2Alvin Floreskou, 1Zoë Nikoloudaki, 1Theo Giannopoulos, 1Kallitha Madhuri Thumuluru, 2Georgios Angelopoulos, 1Theo Giannopoulos, 1Georgios Theophiliou, 2Alan Gillespie, 3Simon Butler-Manuel. 1Department of Gynaecological Oncology, Royal Surrey County Hospital, Guildford, UK; 2The Christie NHS Foundation Trust, Manchester, UK; 3Sheffield Teaching Hospitals NHS Trust, Sheffield, UK; 4Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK; 5Hull University Teaching Hospitals NHS Trust, Hull, UK; 6Liverpool Women’s Hospital, Liverpool, UK; 7Leeds Teaching Hospitals NHS Trust, Leeds, UK.

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 perioperative 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 – IIIb. 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 minimal invasive surgery.