infiltration the accuracy was 84.1%, sensitivity was 28.6%, specificity was 91.8%. Nodal metastases were detected in 15.9% patients (11.6% in PLN and 4.3% PLN&PALN). The accuracy of the MRI for the detection of nodal metastasis was 75.4%, sensitivity 30.8%, specificity 84.2%. Further analysis evaluated the impact of the following features on the MRI efficiency: histological type, patient age, presence of myomas and the reference status of the radiology center.

Conclusion Unsatisfactory results of MRI imaging, particularly that overestimate the local infiltration, lead to performing too extensive lymphadenectomy, especially that the ability of detecting LN metastasis by MRI has low rate. All quality bias should be taken into consideration when analyzing the results of the MRI to tailor the surgical treatment.

2022-RA-1643-ESGO

PARA-AORTIC LYMPHADENECTOMY INCREASES VASCULAR LESIONS COMPARED TO PELVIC LYMPHADENECTOMY IN ENDOMETRIAL CANCER, A STUDY IN A MEXICAN POPULATION

1Guillermo Moreno Flores, 1David Cantu de Leon, 3Lenny Nadia Gallardo Akarado, 2Ludwing Rodriguez Solis, 2Abraham Osuna Becerru, 1Aylin Tejeda Luna, 1Valentin Hernandez Villalobos, 3Cinta Sepulveda Rivera, 1Ferny Velasquez Martinez, 1Gynecology oncology, National Cancer Institute, Mexico City, Mexico; 2National Cancer Institute, Mexico City, Mexico; 3Clinical Investigation, National Cancer Institute, Mexico City, Mexico; 1Oncology, National Cancer Institute, Mexico city, Mexico

Introduction/Background Endometrial cancer in Mexico represents the second place, followed by cervical cancer. High-risk staging and treatment involves total hysterectomy, bilateral salpingo-oophorectomy with pelvic and/or para-aortic lymphadenectomy. Surgical staging is necessary in high and intermediate risk cases to assess the extent of the disease and the need for adjuvant therapy, which is why it is important to know the lymph node status to assess the prognosis. Our objective is to evaluate whether para-aortic lymphadenectomy increases vascular lesions compared to pelvic lymphadenectomy in endometrial cancer in a cancer reference center in Mexico.

Methodology A retrospective analysis of 44 cases of endometrial cancer that had complete surgical staging was performed. Comparisons were analyzed using Student’s t-test and Mann-Whitney tests. For the statistical analysis, SPSS version 23 was used.

Results The surgeries were performed by experienced gynecologists or surgical oncologists. The median age was 53 years, in the analysis we could not identify statistical differences between the rest of the complications, the main complication was lymphocele with p: 0.03, between the pelvic lymph node dissection (PLND) group, compared with the group of PLND and para-aortic lymph node dissection (PALND), vascular injuries were not significant, as well as ureteral injury, reintervention, infection.

Conclusion PLND and PALND do not increase vascular lesions, however if the number of lymphoceles increases, our pelvic and para-aortic lymph node dissections are performed by experienced gynecologists or surgical oncologists with more than three years of surgical training in a national reference center, which could be an important factor, however, in this study we can conclude that vascular injuries do not increase when we perform para-ortic dissection.
Methodology  A prospective cohort study was performed including patients with endometrial cancer from 2014 to 2020 at Hospital Universitario Donostia. Two groups were studied based on their preoperative risk stratification: low-risk patients who underwent simple total hysterectomy and bilateral adnexectomy plus sentinel lymph node (SLN) biopsy of pelvic and aortic areas; and high-risk patients who also underwent pelvic and aorto-caval lymphadenectomy.

Results  We analyzed 327 patients with a 91.35% survival at 60 months, with a median follow-up of 34.45 months (IQR 18.18–58.48). 56 patients had nodal involvement. Log-rank test showed no significant differences in survival between patients without lymph node disease, those with isolated tumor cells (HR 0.62; 95% CI 0.08–4.67), treated micrometastases (HR 0.01 95% CI 0–) and those with untreated micrometastases (HR 2.37 95% CI 0.31–18.04). Likewise, no significant differences were found in the survival of patients with macrometastases (HR 2.86; 95% CI 0.83–9.82). The presence of a positive aortic SLN increases the risk of mortality (HR 3.05; 95% CI 1.04–8.94), with a higher risk for macrometastases in aortic SLN (HR 3.20 95% CI 1.22–8.44) than including micrometastases (HR 2.02 95% CI 1.08–3.78).

Conclusion  Survival of patients with endometrial carcinoma is significantly associated with stage, tumor grade, histological type of tumor, preparative risk group and age of patients. The tumor volume of lymph node metastases does not show significant differences in overall survival. The presence of a positive aortic sentinel node micro or macrometastasis has a significant negative impact on prognosis.