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.