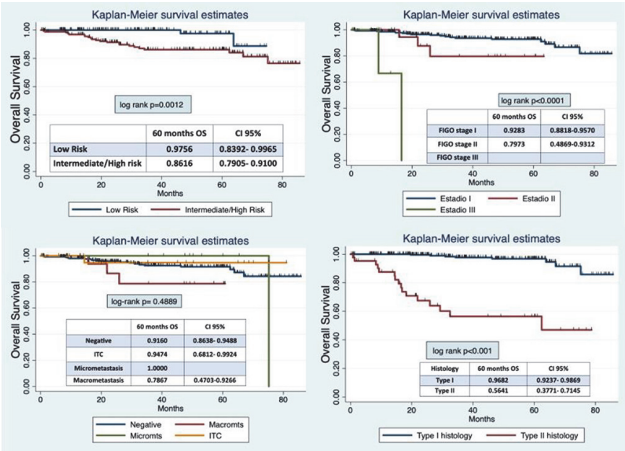
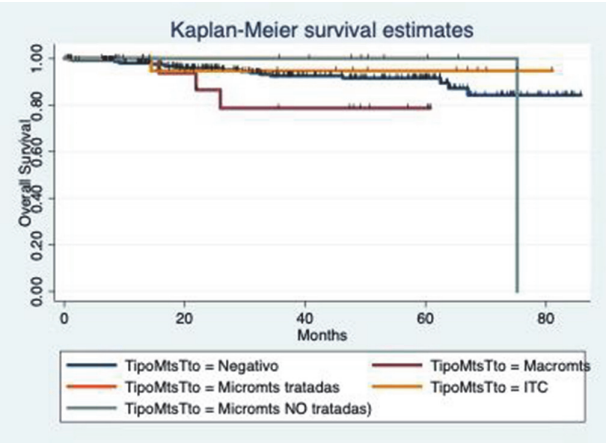
Methodology A prospective cohort study was performed including patients with endometrial cancer from 2014 to 2020 at Hospital Universitario Donostia. Two groups were studied based on their preoperative risk stratification: low-risk patients who underwent simple total hysterectomy and bilateral adnexectomy 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).



Abstract 2022-RA-1647-ESGO Figure 1



Abstract 2022-RA-1647-ESGO Figure 2

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.

2022-RA-1660-ESGO LYMPHADENECTOMY IN HIGH-RISK ENDOMETRIAL CANCER

[1]Maria Laseca, [1]Octavio Arencibia, [1]Daniel González, [1]Andrés Rave, [1]Beatriz Navarro, [2]Avinash Ramchandani, [1]Alicia Martin. [1]*Hospital Universitario Materno Infantil de Canarias, Las Palmas de Gran Canaria, Spain*; [2]*Oncology, Hospital Universitario Insular de Canarias, Las Palmas de Gran Canaria, Spain*

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Introduction/Background The role of lymphadenectomy in surgical management of endometrial cancer remains controversial. Lymph node metastases can be found in women who before surgery are thought to have cancer confined to the uterus. Removal of all pelvic and para-aortic lymph nodes at initial surgery has been widely advocated, and pelvic and para-aortic lymphadenectomy remains part of the FIGO staging system for endometrial cancer.The objective of this study was to determine the characteristics, complication rate and metastases location in high-risk endometrial cancer.

Methodology Retrospective study of patients with high-risk endometrial cancer was performed. All patients underwent surgery including complete lymph node staging by pelvic and para-aortic lymphadenectomy. Clinicopathological characteristics, complication rate and location of lymph node metastases were analyzed.

Results 147 women were diagnosed with high-risk endometrial cancer, representing 11.3% of all endometrial tumors in that period (n=1301).The mean age of the patients was 61.62 years, 88.4% were in the menopausal state and 40.8% of them had a BMI > 30. Regarding histopathology, the most common type of tumor was endometrioid adenocarcinoma (37.4%), followed by serous carcinoma (31.3%). Regarding histological grade, 10.9% were G1, 11.6% were G2, and 77.6% were G3. Regarding lymph node spread, 34 (23.1%) patients had metastases in pelvic and/or para-aortic lymph nodes. 26 patients (17.7%) had positive pelvic nodes and 19 patients (12.9%) had positive para-aortic nodes. Once the final staging was carried out with the FIGO criteria (2009), the most frequent stage was IA (38.8%) and stage IIIC was 23.1%. 21 patients (14.3%) presented some type of complication related to surgery, the most frequent complications being lymphedema (2.7%) and lymphocele (2.7%).

Conclusion In our study, the rate of lymph node metastases (pelvic and/or para-aortic) is 23.1% with a low rate of complications. We can affirm that it is a useful and safe technique.

2022-RA-1688-ESGO EVALUATION OF THE IMPACT OF HRT ON ENDOMETRIAL THICKNESS AND THE DIAGNOSIS OF ENDOMETRIAL CANCER

[1]Natasha D'Souza, [2]Mohammed Daas, [2]Krishnayan Haldar, [2]John Latimer, [2]Helen Bolton, [2]Peter Baldwin, [2]Pubudu Pathiraja, [2]Michela Quaranta. [1]*Obstetrics and Gynaecology, Cambridge University Hospitals, Cambridge, UK*; [2]*Cambridge University Hospitals, Cambridge, UK*

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