Conclusions LVSI, tumours size and depth of invasion were the most important risk factors of pN+. Based on that, we identified a group at very low risk of pN+, in whom sentinel lymph node mapping should be considered to replace radical pelvic lymphadenectomy.

Abstract 2022-LBA-1282-ESGO Table 1  Risk of lymph node metastases, stratified by the most important risk factors

<table>
<thead>
<tr>
<th>LVSI lymphovascular space invasion; pN+ lymph node metastases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour size Depth of invasion</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>≤20 mm</td>
</tr>
<tr>
<td>&gt;20 mm</td>
</tr>
</tbody>
</table>


Vanessa Samouëlian, 1Audrey Feng-Emond, 1Béatrice Cormier, 1Thomas Warkus, 1Omar Moreira Bacha, 2Elise de Castro Hillmann, 1Gynecology oncology, CHUM, Montreal, QC, Canada; 3Faculté de Médecine, Université de Montréal, Montréal, QC, Canada; 4Gynecology oncology, CHUM Research Center, Montreal, QC, Canada

Introduction MIS has been abandoned in many centers for cervical cancer treatment after publication of the LACC trial in 2018. Several critics and theories emerged afterward. Our study looked at data of a single large volume institution. Disease free survival (DFS) and mortality rates were compared for both surgical approaches.

Methods We retrospectively reviewed all surgical cervical cancer cases from 2006 to 2017 of the Centre Hospitalier de l’Université de Montréal. Only patients treated by Minimal Invasive Surgery (MIS) or laparotomy were included. We compared cohorts’ characteristics and survival outcomes for MIS and laparotomy. Descriptive data is presented in means, standard deviations, and percentages. Kaplan-Meier was used to generate disease free survival (DFS) and overall survival (OS) curves; log-rank was used to compare curves. Survival outcomes of the use of intrauterine manipulator were also investigated. Statistical significance was 0.05.

Results 257 patients were included (94 robotic, 38 laparoscopy, 125 laparotomy). Patients’ characteristics did not significantly differ among groups. Histology was 50.6% squamous cell carcinoma, 35.4% adenocarcinoma, 3.9% adenosquamous and 10.1% other subtypes. Patients were FIGO stages IA (51.0%), IB (43.1%) and IIA or more (5.9%). Median follow-up was 161 months. Intrauterine devices were used in 70.2% of the MIS group. 48.8% had no residual disease at surgery. No differences in intra-operative, post-operative complications and readmission rates between MIS and laparotomy was observed. Total cohort intra-operative and post-operative complications rates were respectively 4.5% and 25.2%. Recurrence rates and death rates were significantly lower for MIS than for laparotomy approach (respectively 1.5% vs 8.1%, p=0.013, 1.5% vs 4.8%, p=0.043). Disease-specific mortality rate did not statistically differ (MIS=1.5%, laparotomy =4.8%, p=0.121).

Conclusions Selected cervix cancer patients may benefit from MIS. Further studies are needed.
of the mutational landscape, enrollment rate in clinical trials, indications for referral to genetic counseling. Molecular features were further correlated with available clinico-pathological variables for each disease type.

Results

Out of 188 women, the feasibility of CGP was 98%, with a mean turnaround time of 39 days. 33.5% of the population was referred to genetic counselling. Most significant findings are reported in Table 1.

Conclusions

Regarding ovarian cancer, as expected, endometrioid and clear cell histotypes had different mutational profiles compared to serous ones (KRAS, ERBB2, FGFR7, LRP1B, MDC1 and SPEN vs BRCA 1, FGFR2, FGFR7, FGFR3, TP53 respectively) with a minimum incidence of mutations. Regarding endometrial cancer, no difference was observed in clinical features for patients with TMB>10. No difference was observed between patients younger or older than 50 years. A TMB>10 was found in 35% of patients with 475 altered genes (mean=28) the most frequent being PTEN (82%), ARID1A (71%), and PIK3CA (65%).

Abstracts

Sentinel Node Biopsy for Endometrial Cancer by Retropertoneal Transvaginal Natural Orifice Transluminal Endoscopic Surgery

Daniela Huber, Yannick Hurni. Obstetrics and Gynecology, Valais Hospital, Sion, Switzerland; Pediatrics, Obstetrics and Gynecology, Geneva University Hospital, Geneva, Switzerland

Introduction

Surgical staging with sentinel lymph node biopsy (SLNB) is an important tool to guide the management of early-stage endometrial cancer. This staging is generally performed by minimally invasive techniques such as conventional, single-site, or robotic laparoscopy. To further reduce the morbidity related to transabdominal surgeries, SLNB by total retropertoneal transvaginal natural orifice transluminal endoscopic surgery (vNOTES) was recently introduced at our institution. Here, we describe how to perform this surgical technique and we report our preliminary results.

Methods

Indocyanine green was injected into the cervix to identify sentinel lymph nodes (SLNs). Access to the pelvic retropertoneal space was achieved through a paracervical incision in the lateral vaginal fornix, providing access to the obturator fossa. A 7 cm GelPoint transvaginal access platform was used as a vNOTES port, and CO2 was insufflated to expand the retropertoneal space. SLNs were identified using fluorescence imaging, carefully resected, and removed transvaginally.

Results

Eleven patients underwent SLNB by vNOTES at our institution between October 2021 and July 2022. Indications to perform SLNB were endometrial cancer (8 cases) and endometrial complex atypical hyperplasia (3 cases). The median operative time was 113 (81-211) minutes. The median estimated blood loss was 20 (20-400) mL. The overall bilateral detection rate was 100% (10/10). We completed all procedures without significant intraoperative complications, but 1 case required conversion to conventional laparoscopy. The median postoperative stay was 2 (2-4) days. We observed one case of postoperative deep vein thrombosis and an asymptomatic vaginal vault hematoma in one patient and a retropertoneal hematoma requiring surgical drainage in another. Definitive results are not available at the time of abstract submission and will be updated later.