the sentinel lymph node 6. vNOTES hysterectomy 7. Closure of the incisions

Results The approach has performed for three patients with endometrial cancer until today. No complication was detected. All of them discharged postoperative day 1. Blood loss were under 50 ml. One of these patients was at stage IIIC1 treated with chemoradiotherapy, and the other two were at stage IA endometrioid type were under observation. No recurrence was found.

Conclusion VNOTES sentinel lymph node dissection may be an alternative approach of treatment for patients with endometrial cancer.

2022-RA-193-ESGO

COST-EFFECTIVENESS OF MOLECULAR PROFILING FOR ENDOMETRIAL NEOPLASIA: A SINGLE INSTITUTION EXPERIENCE

1Adriane Dheur, 1Vincent Bours, 1Marjolin De Caypere, 3Katty Delbecque, 4Christine Genniger, 2Frederic Gollin, 2Eloise Gonse, 2Johanne Hermese, 1Frederic Krideka, 2Pierre Louvissse, 3Clendence Plays, 1Alice Salmon, 1Athanasios Kakkos, 1Gynaecology and Obstetric, Centre Hospitalier Universitaire (CHU), Liège, Belgium; 2Pathology, Centre Hospitalier Universitaire (CHU), Liège, Belgium; 3Medical Oncology, Centre Hospitalier Universitaire (CHU), Liège, Belgium; 4Radiotherapy, Centre Hospitalier Universitaire (CHU), Liège, Belgium; 5Nuclear Medicine, Centre Hospitalier Universitaire (CHU), Liège, Belgium

Introduction/Background Endometrial cancer (EC) is the most common gynaecologic malignancy in developed countries. Hysterectomy remains the first-line treatment with pelvic lymph node staging being performed routinely. FIGO stage is central to define patients prognosis and their treatment planning. Molecular classification of EC includes 4 subtypes: POLE-ultramutated, mismatch-repair protein deficient (MMRd), p53-mutant and no specific molecular profile. Over the last three years, we have progressively implemented a detailed molecular screening for patients with EC and their risk stratification. Herein, we evaluate the global cost-effectiveness of this approach.

Methodology We conducted a monocentric retrospective study of 166 consecutive patients treated for EC at the University Hospital of Liège, between January 2019 and December 2021. Twenty-seven patients were excluded. Of the remaining 139, 87 patients had a complete immunochemistry and molecular biology for p53, MMR and POLE. Fifty were classified as high risk. There was no significant difference between both groups as regards the epidemiologic and clinicopathologic parameters. There was no statistical difference between the 2 groups in the stage of tumor according to FIGO staging. Operative time was significantly longer in the laparoscopy group in comparison to the open surgery group (p < 0.0001). No significant difference was found between both groups as regards the type of operation, blood loss. The rate of intraoperative complications was nearly similar in both groups. There was no significant statistical difference between the numbers of lymph node yield in both groups.

Conclusion The results in this study support the use of laparoscopy in early stage type I endometrial cancers without compromising the oncological outcomes regarding the disease free and overall survival. We encourage further prospective multicenter randomized trials to consolidate these results.

2022-RA-197-ESGO

RISK FACTORS AND PATTERNS OF RECURRENCE IN PATIENTS WITH LOW-RISK ENDOMETRIAL CANCER

1In Sun Hwang, 1Chaewon Kim, 1Keun Ho Lee, 2Jigeun Yoo. 1Seoul St. Mary’s Hospital, The Catholic University of Korea, Seoul, Korea, Republic of; 2Daejeon St. Mary’s Hospital, The Catholic University of Korea, Daejeon, Korea, Republic of

Introduction/Background More than half of all endometrial cancers are diagnosed as early stage low-risk, and are treated