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HYSTERECTOMY ALONE VS. HYSTERECTOMY PLUS SENTINEL NODE MAPPING IN ENDOMETRIAL CANCER: LONG-TERM RESULTS FROM A MULTI-INSTITUTIONAL STUDY

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Introduction/Background To compare outcomes after hysterectomy and hysterectomy plus sentinel node mapping (SNM) in endometrial cancer (EC) patients.

Methodology This is a retrospective study, collecting data from EC patients treated between 2006 and 2016 in nine referral centers.

Results The study population included 398 (69.5%) and 174 (30.5%) patients having hysterectomy and hysterectomy plus SNM. As the results of the adoption of a propensity-score matched analysis, we selected two homogeneous cohorts of patients (150 having hysterectomy only vs. 150 having hysterectomy plus SNM). The execution of sentinel node mapping correlated with longer operative time, but it is not influencing the length of hospital stay and estimated blood loss. Overall severe complication rates were similar between groups (0.7% in the hysterectomy group vs. 1.3% in the hysterectomy plus SNM group; $p=1.00$). No lymphatic-specific complication occurred. Overall, 12.6% of patients having SNM were diagnosed with disease harboring in their lymph nodes. Adjuvant therapy administration rate was similar between groups. Considering patients having SNM, 4% of patients received adjuvant therapy on the basis of nodal status only; all the other patients received adjuvant therapy on the basis of uterine risk factors. Five-year disease-free ($p=0.720$) and overall ($p=0.632$) survival was not influenced by the surgical approach.

Conclusion Hysterectomy (with or without SNM) is a safe and effective method for managing EC patients. Potentially, these data support the omission of side-specific lymphadenectomy in case of unsuccessful mapping. Further evidence is warranted to confirm the role of SNM in the era of molecular/genomic profiling.

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THE VALUE OF DIFFERENT FRAILTY INDICES IN PREDICTING SHORT-TERM POST-OPERATIVE OUTCOMES

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Introduction/Background Endometrial cancer is the most common gynaecological malignancy and is treated primarily surgically. An increasing body of evidence suggests frailty is an

important predictor of postoperative morbidity. Yet, data on pre-operative assessment tool use to assist surgical decision making is limited. This study sought to assess different surgical decision making tools for assessing the impact of frailty on short-term postoperative outcomes.

Methodology A patient record review was performed for patients diagnosed and primarily surgically treated between January 2015 and December 2016 for endometrial cancer at the University Medical Centre Maribor, Slovenia. Records of patients were evaluated through the use of different frailty indexes; the modified Frailty Index-5 (mFI-5), 11-factor modified frailty index (mFI-11), frailty deficit index (FDI) and Memorial Sloan Kettering Frailty Index (MSK-FI). Scores were recorded and correlated with short-term patient outcomes as well as patient characteristics. Primary outcomes were 45-day Clavien-Dindo rated complications, length of postoperative stay (LOS) and 45-day emergency services visits (ER).

Results Seventy-three women, median age 65 years (min 41 years – max 87 years) were included. Median LOS was 4 (min 1 – max 21) days. 24 women (33%) had post-operative complications resulting in a deviation from standard early postoperative care. Amongst those, experiencing complications within 45 days after surgery, 7 (10%) had stage I complications, 16 (22%) stage II complications and 2 (3%) stage III complications. Older women (above 60 years) had significantly higher BMI ($p<.001$), but age was not a significant determinant of LOS. All evaluated frailty scales showed significant increases in women above 60 as well as 70 years of age. No specific cut-off was found to be significant for predicting short-term post-operative complications.

Conclusion Different additional tools should be further evaluated to determine most appropriate assessment methods to assist surgical decision-making in identifying and preparing frail patients for treatment.

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CIRCULATING CELL FREE DNA AND CITRULLINATED HISTONE H3 AS USEFUL BIOMARKERS OF NETOSIS IN ENDOMETRIAL CANCER

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Introduction/Background Cancer mortality is mainly caused by organ failure and thrombotic events. NETosis, a chromatin release mechanism implemented by neutrophils, may contribute to these systemic effects. Our aim was to determine the occurrence of NETosis in endometrial cancer (EC) and analyzing tissue and serum NETosis biomarkers in EC patient to identify possible new targets for EC stratification and treatment.

Methodology Experiments were conducted on 63 EC patients (ranging from G1 to G3 grade) and 21 healthy controls (HC). Immunohistochemistry (IHC) and Immunofluorescence (IF) was performed on tumor tissue sections using antibodies against citrullinated histone H3 (citH3) (a marker of NETosis), neutrophil elastase (NE) and H2B. Serum levels of circulating