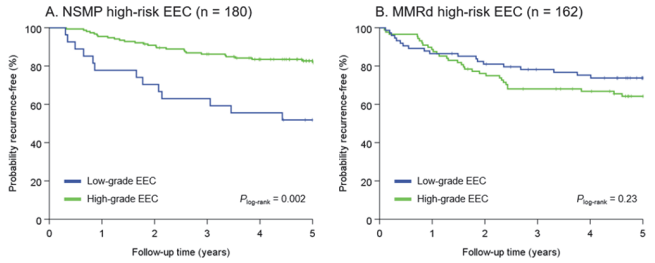
(n=40/45, 88.9% and n=38/46, 82.6%, respectively), while NSMP EC were mostly low-grade (n=153/180, 85.0%). Within MMRd EEC there was an equal distribution between low- and high-grade (n=88/162, 54.3% and n=74/162, 45.7%, respectively). 5-year overall recurrence was significantly lower for patients with high-grade NSMP EEC (82.7% versus 51.9%; p=0.002; figure 1A). High-grade MMRd EEC had a slightly lower risk of recurrence than low-grade MMRd EEC, but this did not reach statistical significance (figure 1B). No significant differences in risk of recurrence was observed in *POLE*mut and p53abn EEC. Multivariable analysis confirmed independent unfavorable prognostic impact of high-grade within NSMP EEC, but not in MMRd EEC (table 1).



Abstract 2022-RA-568-ESGO Figure 1 Kaplan-Meier survival analysis demonstrating the time to recurrence for FIGO grading in high-risk endometrioid endometrial cancers (EC) molecularly classified as no specific molecular profile (NSMP) and mismatch repair deficient (MMRd)

Conclusion FIGO grading showed independent prognostic value in high-risk NSMP EEC, but not in *POLE*mut, MMRd or p53abn EEC. Our findings suggest that prognostic value of grading in EEC is limited to the NSMP molecular subgroup. Future studies should clarify whether this holds up in (low-) intermediate-risk EEC.

2022-RA-575-ESGO DISCLOSURE OF OUR LATEST DATA USING SENTINEL LYMPH NODEFOR STAGING ALL ENDOMETRIAL CANCERS

Juan Cespedes Manterola, Ruben Ruiz Sautua. *Ginecologia Oncologica, Hospital universitario Donostia, San Sebastian, Spain*

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Introduction/Background Our aim is present our prospective results in endometrial cancer applying new ESGO/ESMO/ESTRO recommendations for staging all endometrial cancers comparing them with our previous 333 patients data.
Methodology A prospective observational study is being conducted since 1 January 2021 with patients that undergo laparoscopic surgery for endometrial cancer at our institution. We perform only SLN biopsy with dual cervical and fundal indocyanine green injection in all endometrial cancers. All SLNs were processed with an ultrastaging technique. Between 26 June 2014 and 31 December 2019 with 333 patients we applied the previous treatment algorithms. Between January and 30 August 2021 we did only SNL in 45 patients.
Results Comparation of the results between the ancient and the new serie (ancient/new): Detection rate 94%/97.7% overall for SLNs; 91.3%/97.7% overall for pelvic SLNs; 70.5%/88.8% for bilateral SLNs; 68.1%/88.8% for paraaortic SLNs, and 2.9%/0% for isolated paraaortic SLNs. Macrometastasis 18%/6% patients and microdisease 17.6%/8.8% patients, overall rate of LN involvement 16.2%/11%. Isolated Aortic metastases 4.2%/2.2% (14/333–1/45). Assuming the results of the ancient serie there was one false/negative (negative SLN with positive lymphadenectomy). Our sensitivity of detection was 98.3% (95% CI 91–99.7), specificity 100% (95% CI 98.5–100), negative predictive value 99.6% (95% CI 97.8–99.9), and positive predictive value 100% (95% CI 93.8–100).
Conclusion SLN biopsy is an acceptable alternative to systematic lymphadenectomy for LN staging in stage I/II. We avoid 22/45 (48.8%) lymphadenectomies with new algorithm, reducing the morbidity in our patients. Our surgical times were shorter improving our theaters efficiency with all that implies for. Additionally, this technique allows a high rate of aortic detection, identifying a non-negligible percentage of isolated aortic metastases. Isolated Aortic metastases in endometrial cancer are possible and we should not give up actively looking for them.

2022-RA-580-ESGO ENDOMETRIAL CANCER DETECTION BY DNA METHYLATION TESTING IN CERVICAL SCRAPES, CERVICOVAGINAL SELF-SAMPLES AND URINE

[1]Birgit MM Wever, [1]Rianne van den Helder, [1]Annina P van Splunter, [2]Nienke E van Trommel, [1]Renske DM Steenbergen, [1]Maaike CG Bleeker. *[1]Pathology, Amsterdam UMC location Vrije Universiteit Amsterdam, Amsterdam, Netherlands; [2]Department of Gynecologic Oncology, Antoni van Leeuwenhoek/Netherlands Cancer Institute, Amsterdam, Netherlands*

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Introduction/Background The incidence of endometrial cancer is rising and current diagnostics often require invasive biopsy procedures. Molecular biomarkers have proven their potential to detect gynecological cancer in minimally- and non-invasive sample types. Here, we set out to determine and compare the performance of DNA methylation biomarkers to detect endometrial cancer in prospectively collected urine samples, self-collected cervicovaginal swabs, and clinician-taken cervical scrapes.
Methodology Paired urine samples, self-collected cervicovaginal swabs, and cervical scrapes were collected from 103 women diagnosed with endometrial cancer. Women without disease served as controls. All samples were tested for nine DNA methylation markers.
Results In all sample types, methylation levels were significantly increased in patients compared to controls. A moderate to strong correlation was found between the paired samples. Urine showed superior diagnostic performance, with an area under the receiver operating curve (AUC) above 0.80 for seven out of nine markers. The most optimal three-marker combination yielded an AUC value of 0.97 for endometrial cancer detection in urine, corresponding to a sensitivity of 87% and a specificity of 99%.

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