node metastasis were independently associated with survival. Although patients with high RDW did not show longer overall survival (log-rank p=0.11), they had significantly shorter disease free survival than the low group (log-rank p=0.03).

Conclusions Our results were consistent with the concept that RDW can be a simple and convenient indicator for recurrence in endometrial carcinoma. Further study is necessary to investigate impact of RDW on overall survival.

EP133/#395 USEFULNESS OF PRE-OPERATIVE PET-CT IN PATIENTS WITH ENDOMETRIAL CANCER UNDERGOING SENTINEL LYMPH NODE MAPPING: DO NEGATIVE FINDINGS ON PET-CT NEGATIVITY REALLY INDICATE NODE NEGATIVITY?

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Objectives We investigated the utility of Positron emission tomography-Computed tomography (PET-CT) in the setting of two different sentinel lymph node (SLN) mapping techniques; the conventional cervical injection method (one-step) and the fundal injection followed by cervical injection (two-step).

Methods Patients with endometrial cancer undergoing FDG PET-CT followed by laparoscopic or robotic surgical staging with SLN mapping at the Yonsei Cancer Center between July 2014 and April 2021 were stratified into the PET-positive group (with suspected or likely lymph nodes metastasis) and PET-negative group. A chart review was performed to assess the number of SLNs harvested, patterns of SLN metastases, and recurrence.

Results Among 466 patients undergoing one-step (n=276) and two-step (n=190) SLN mapping, LN metastasis was identified in 18 of 32 PET-positive patients. The sensitivity and specificity of PET-CT for diagnosing nodal metastasis were 46.2% and 96.7%, respectively. Among PET-positive patients with LN metastasis, anatomical distribution was concordant in 77.8% of patients. Among PET-negative patients, four (2.3%) had metastatic para-aortic SLNs, including three (1.7%) with isolated para-aortic metastases. Metastatic para-aortic SLNs were not seen in one-step patients. Among PET-positive patients, para-aortic SLN metastasis was identified in 35.7% of two-step and 16.7% of one-step patients. Among the 21 false PET-negative patients, recurrence was seen in four (19%) after a median follow-up of 34 months (range: 7–70).

Conclusions PET-CT showed moderate sensitivity and high specificity. The SLN metastasis pattern, especially at the para-aortic level, indicates that the two-step SLN technique might be useful in both PET-negative and PET-positive patients.

EP134/#257 COMBINING CHEMOTHERAPY WITH RADIOTHERAPY IN RESECTED ENDOMETRIAL CARCINOMA: A REAL ADDED VALUE? A META-ANALYSIS

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Objectives Although endometrial carcinoma (EC) has a favorable prognosis in the localized stages, recurrence can occur either locally or in distant sites. Aiming to reduce the relapse risk of EC, pelvic radiotherapy (RT) or systemic chemotherapy (CT) is usually administered, and recently the combination of these two options has been investigated. With our meta-analysis, we sought to address the real benefit of CTRT in delaying the relapse risk and prolonging survival.

Methods We systematically searched the PubMed, EMBASE, and Cochrane databases for randomized clinical trials (RCTs) concerning the combination of chemotherapeutic regimens and radiotherapy (CTRT) compared with RT alone. We extracted hazard ratios (HRs) for relapse-free survival (RFS) and overall survival (OS).

Results 4 phase III RCTs were selected. 1,951 patients received CTRT (n=981) or RT alone (n=970). Compared to RT, the CTRT combination significantly improved RFS in older patients (HR=0.72; 95% CI: 0.61–0.86; P=0.0002) (figure 1). However, OS was not clearly prolonged (HR=0.80; 95% CI: 0.64–1.00; P=0.05) (figure 2).

Conclusions Our meta-analysis demonstrates that the addition of chemotherapy to radiotherapy significantly delays relapse in patients with endometrial carcinoma in the post-operative setting. However, the advantage of overall survival is not clear. A more accurate stratification for risk factors will help an appropriate patients selection. More studies are warranted.