Conclusions LSR is associated with tumor growth, invasion, metastasis, and poor prognosis in EC. Anti-LSR mAb is a potential therapeutic agent which induces apoptosis and shows a significant antitumor effect in EC.

**EP138/#375**

INCIDENCE AND CHARACTERISTICS OF OVARIAN CANCER FOLLOWING ENDOMETRIAL CANCER – IMPLICATIONS FOR COUNSELING IN THE ERA OF CONSERVATIVE MANAGEMENT – A SEER ANALYSIS

Chen Nahshon*, Yakir Segev, Mirav Schmidt, Ludmila Ostrovsky, Eden Gerszman, Ofer Lavie, Carmel Medical Center, Gynecological Oncology, Haifa, Israel; Carmel Medical Center, Department of Surgery B, Haifa, Israel

Conclusions Patients with extra-uterine involvement have a high incidence of LN metastases. SLNBx is associated with similar OS compared to LND.

**EP140/#780**

VAGINAL Hysterectomy FOR THE treament OF LOW-RISK ENDOMETRIAL CANCER: INTERIM SURGICAL AND ONCOLOGICAL ANALYSIS

Fernando Nobrega*, Luisa Martins, Vanessa Bezzerra, Vinicius Campos, Bruna Bottura, Sergio Podgace, Renato Moretti-Marques, Hospital Municipal Vila Santa Catarina; Hospital Israelita Albert Einstein, Ginecologia Oncológica, São Paulo, SP, Brazil

Conclusions Patients with extra-uterine involvement have a high incidence of LN metastases. SLNBx is associated with similar OS compared to LND.

**EP139/#416**

OUTCOMES OF SENTINEL LYMPH NODE MAPPING FOR PATIENTS WITH ENDOMETRIAL CARCINOMA AND CERVICAL OR EXTRA-UTERINE INVOLVEMENT (T2, T3A, OR T3B).

Dimitrios Nasioudis*, Emily Ko, Ashley Haggerty, Lori Cory, Robert Giuntoli II, Sarah Kim, Mark Morgan, Nawar Latif. University of Pennsylvania, Division of Gynecologic Oncology, Philadelphia, USA

Conclusions Ovarian preservation in young endometrial cancer (EC) patients is controversial and requires further consideration. We aimed to assess the risk for ovarian cancer (OC) following EC in patients who underwent ovarian preservation as part of the initial EC staging and to characterize this group of patients.

**Methods** With permission of the Surveillance, Epidemiology and End Results (SEER) program of the United States National Cancer Institute, clinicopathological and prognosis information of women diagnosed with EC and following OC were analyzed. Patients were divided into groups: Group A – EC patients that had BSO performed; Group B – EC patients that had ovarian preservation performed. Incidence of OC and survival rates were compared.

**Results** 383 patients diagnosed with OC following EC were documented. Of them 260 patients had a known BSO performance status. Incidence of OC did not differ between groups (IRR 1.07, CI 0.83–1.39, p=0.59). Survival rates were significantly shorter in ovarian preservation patients compared to patients with BSO performed as part of their EC staging and treatment. However, when analyzing by age, in women diagnosed with EC up to age of 49 years old, no differences in survival rates were found comparing the two groups.

**Conclusions** Ovarian preservation in EC patients under the age of 49 years may be considered safe, with no impact on OC incidence or survival, benefiting a longer natural hormonal status. In EC patients who went through ovarian preservation a close follow-up for at least 7 years from the EC diagnosis is recommended.