**Abstracts**

**EP144/#481** SENTINEL LYMPH NODE MAPPING AND DISSECTION USING METHYLENE BLUE: THE DANANG ONCOLOGY HOSPITAL EXPERIENCE OF THE FIRST 31 CASES

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Objectives Endometrial cancer is the most commonly diagnosed gynecological malignancy in Vietnam, after breast cancer. The primary treatment is based on surgical and pathologic staging including hysterectomy, bilateral salpingo-oophorectomy and pelvic lymphadenectomy. Sentinel lymph node (SLN) mapping for endometrial cancer (EC) is a contemporary technique that could provide benefits over traditional lymphadenectomy. The aim of this study was to describe the results of sentinel node biopsy, and analyze the factors that affect sentinel lymph node mapping.

Methods We collected data from the first 31 cases of patients with endometrial cancer who underwent sentinel lymph nodes by using methylene blue from September 2019 to September 2021. We reported the detection rate and the accuracy of the SLN biopsy.

Results The overall detection rate of sentinel lymph node mapping of at least one site was included in 31 patients was 54.8%, bilateral sentinel node detection rate was 19.3%. The sensitivity and the specificity of the sentinel lymph node was 100%. The detection rate of sentinel lymph node in the first 20 cases was 40% and was 82% in the last 11 cases. Adoption of the SLN technique spared 34.1% hemi pelvic LND from a full lymphadenectomy.

Conclusions Sentinel lymph node sampling by using methylene blue is feasible and accurately predicts lymph node status in patients with endometrial cancer in low resource settings. There is a learning curve to the technique. SLN mapping was more successful after we have done 20 cases.

**EP146/#724** THE ROLE OF IMMUNOHISTOCHEMICAL MARKERS IN RISK STRATIFICATION IN PATIENTS WITH ENDOMETRIAL CANCER

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Objectives Introduction The purpose of preoperative risk assessment among Endometrial cancer (EC) patients is to categorise patients into low and high risk for lymphnode invasion, recurrence, and to aid in planning surgical staging and extent. Even though there has been a steady progress in the imaging techniques, the preoperative accuracy of EC staging remains an unsettled subject even today. Earlier published studies have demonstrated a discrepancy between preoperative risk assessment, and the actual risk on final pathological finding. These discrepancies may either overestimate the diagnosis resulting in aggressive surgery or could result into understaging. Aim- To stratify ECs into high and low risk based on imaging, histotype, IHC markers (ER, PR, HER2, p53, LI-CAM) in preoperative diagnostic endometrial curettages, and to correlate with final resected specimen

Methods Prospective observational study of 80 patients diagnosed with endometrial cancers between September 2019- September 2021 at tertiary cancer centre. The cases were stratified into low and high risk group based on preoperative imaging, histo-typing, IHC markers and were correlated with the final resected specimen (final surgical-pathological staging)

Results We demonstrated good concordance between the preoperative and postoperative risk groups, suggesting that addition of IHC to imaging, histotype and grading can refine risk stratification in preoperative setting. The sensitivity, specificity, accuracy, PPV, NPV results of our model for detection of risk preoperatively (high/low) were 92%, 83.3%, 90%,95%, and 75%, respectively.

Conclusions Larger studies are further needed to establish preoperative guidelines in risk stratification to limit the extent and aggressiveness of the surgery as well as limiting the morbidity.