Abstract EP155/#329 DEEP CERVICAL INJECTION: A NOVEL TECHNIQUE TO INCREASE BILATERAL SENTINEL LYMPH NODE DETECTION RATE IN ENDOMETRIAL CANCER PATIENTS WITH INDOCYANINE GREEN (TRSGO-SLN-008)

Koc University, Gynecologic Oncology, Istanbul, Turkey;
Ankara University School of Medicine, Gynecologic Oncology, Ankara, Turkey;
Ankara University Faculty of Medicine, Gynecologic Oncology, Ankara, Turkey;
Istanbul Prof. Dr. Cemil Tascioglu City Hospital, Gynecologic Oncology, Istanbul, Turkey;
Selçuk University Medicine Faculty, Gynecologic Oncology, Konya, Turkey;
Medical Park Gaziyepe Hospital, Gynecologic Oncology, Istanbul, Turkey;
Faculty of Medicine, Istanbul University-Cerrahpasa, Gynecologic Oncology, Istanbul, Turkey;
Merсин City Hospital, Gynecologic Oncology, Merzen, Turkey;
Emsay Hospital, Gynecologic Oncology, Istanbul, Turkey;
University of Health Sciences, Ankara Zekai Tahir Burak Women’s Health Training and Research Hospital, Gynecologic Oncology, Ankara, Turkey;
Selçuk University Medicine Faculty, Gynecologic Oncology, Konya, Turkey;
Istanbul University-Cerrahpasa, Faculty of Medicine, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Istanbul, Turkey;
Acbadem Mehmet Ali Aydinar University, Gynecologic Oncology, Istanbul, Turkey;
American Hospital, Gynecologic Oncology, Istanbul, Turkey;
Baskent University, Gynecologic Oncology, Ankara, Turkey.

Results A total of 163 patients had undergone primary surgery and 2 patients for recurrence. The audit showed that the target for categories of general indicators and pre-operative work-up were met. There was lack in compliance of the intra-operative management, with only 34% among presumed early-stage disease undergoing successful MIS, 31% undergoing sentinel lymph node procedure and 53% among them being done using indocyanine green with 18% bilateral mapping rate. None of the patients had complete molecular classification. Compliance of adjuvant treatment provided was adequate. Minimal required elements in surgical reports were in 81% and pathological reports in 91% of patients falling short of the set target.

Conclusions The audit helped us identify the need to increase MIS, use and adapt sentinel lymph node procedure with ICG dye more aggressively. There is also a need for improvement in documentation of pertinent information on surgical and pathology reporting. Molecular classification should be routinely incorporated into the diagnostic algorithm to aid in adjuvant therapy.

Abstract EP156/#955 VARIABILITY IN HIGH RISK ENDOMETRIAL CANCER RISK IN NATIVE VERSUS US ASIANS – A POPULATION ANALYSIS OF US AND ASIA

Deanna Wong, Cheng-I Liao, Daniel Kapp, Kathleen Darcy, Chunqiao Tian, Chloie Chan, Caitlin Johnson, Joshua Cohen, John K Chan, Henry M Jackson Foundation for the Advancement of Military Medicine, Inc., Gynecologic Oncology, Bethesda, USA;
Palo Alto Medical Foundation Research Institute, Gynecologic Oncology, Palo Alto, USA;
California Pacific Medical Center Research Institute, Gynecologic Oncology, San Francisco, USA.

Objectives Lymph node assessment provides information that may influence decisions regarding adjuvant treatment in endometrial cancer patients. However, systematic lymphadenectomy may cause significant morbidity. In recent years, the use of sentinel lymph node (SLN) mapping with indocyanine green (ICG) has been accepted to avoid the morbidity of lymphadenectomy. We aimed to assess the diagnostic accuracy of a novel injection technique in detection of sentinel lymph nodes in women with endometrial cancer.

Methods A total of 214 patients with endometrial cancer underwent sentinel lymph node mapping using ICG. ICG was injected into the uterine cervix at the 3 and 9 o’clock positions, submucosally and to the level of junction between uterine cervix and isthmus in group 1(n=107) and to the uterine cervix at the 3 and 9 o’clock positions according to conventional Memorial Sloan Kettering algorithm in group 2 (n=107). All the patients in group 2 selected by propensity matching. None of the patients underwent a re-injection neither in group 1 nor group 2.

Results There was no significant difference between baseline characteristics of two groups. The groups were similar in terms of stage, type of tumor, BMI and lymphovascular space invasion. The bilateral detection rates were 94.4% and 76.6% in group 1 and group 2, respectively (p=0.003). No lymph node or lymphatic vessels were identified in only one patient with a history of chronic lymphocytic leukemia in group 1.

Conclusions Deep cervical injection technique significantly increases bilateral SLN detection rate in endometrial cancer patients.