MANIPULATOR AND 141 (15%) WITHOUT, WITH A MEAN FOLLOW-UP OF 44.6 MONTHS (RANGE 3-118), 84.7% HAD ENDOMETRIOD HiSTOLOGY, 84.5% WERE GRADE 1 OR 2 AND 97.2% HAD STAGE 1 DISEASE. UTERINE MANIPULATORS WERE NOT ASSOCIATED WITH RECURRENCE ON UNIVARIATE (OR 3.178; 95% CI, 0.984-10.261; p = 0.0531) AND MULTIVARIATE ANALYSIS (OR 2.536; 95% CI, 0.770-8.349; p = 0.1259) AND FOR DISEASE SPECIFIC DEATH ON BOTH UNIVARIATE (OR 1.88; 95% CI, 0.436-8.127; p = 0.3970) AND MULTIVARIATE ANALYSIS (OR 0.770; 95% CI, 0.158-3.741; p = 0.7453), EVEN WHEN ADJUSTED WITH ADJUVANT TREATMENTS AND TUMOR CHARACTERISTICS. THEY WERE NOT ASSOCIATED WITH HIGHER RATES OF POSITIVE CYTOLOGY, LVI, AND ITC. INTRA-UTERINE BALLOON MANIPULATORS WERE ASSOCIATED WITH HIGHER RISK OF FLOATERS (OR 2.47; 95% CI, 1.17-5.23; p = 0.0001).

CONCLUSIONS UTERINE MANIPULATORS IN ENDOMETRIAL CANCER MIS WERE NOT ASSOCIATED WITH HIGHER RECURRENCE RATE AND DISEASE SPECIFIC DEATH IN EARLY-STAGE DISEASE. PROSPECTIVE TRIALS MUST CONFIRM OUR DATA.