LAPARO-ENDOSCOPIC SINGLE-SITE VERSUS CONVENTIONAL LAPAROSCOPIC SURGERY FOR EARLY-STAGE ENDOMETRIAL CANCER; PROSPECTIVE RANDOMIZED CONTROLLED TRIAL (LESS-E)

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Objectives To evaluate the feasibility of laparo-endoscopic single-site staging surgery (LESS group) compared to conventional laparoscopic staging surgery (four-port group) for early-stage endometrial cancer.

Methods Patients with clinical stage IA, IB, grade 1–3 endometrial cancer were randomly assigned to LESS group or four-port group. The primary endpoint was to confirm the non-inferiority of LESS in operation time and number of resected lymph nodes. Non-inferiority has considered if the LESS group showed difference in operating time (< 24 min) and the number of resected lymph nodes (< 5.2) within the lower limit of 20% compared to the four-port group.

Results Each of 54 patients were assigned to LESS group (n=54) and four-port group (n=54). There were no differences between LESS and four-port groups in clinical factors including age, body mass index, gravida, menopause, previous abdominal surgery, and in pathologic factors including histologic type, histologic grade, lympho-vascular space invasion, and stage of the disease. There was no clinically significant difference in total operation time (LESS group vs. four-port group, 154.96±40.81 min vs 158.19±48.77 min, P = 0.712), and in the number of resected lymph nodes (LESS group vs. four-port group, 17.81±8.73 vs 22.41 ±10.56, P = 0.016). After median follow-up time of 34 months (range, 2 – 242 months), each one patient in each group had a recurrence, and one patient in LESS group died of the disease.

Conclusions LESS surgical staging was feasible for surgical management of patients with early-stage endometrial cancer. It was comparable to conventional laparoscopic surgical staging in perioperative and oncologic outcomes.

EVALUATING THE IMPACT OF MICROSATELLITE INSTABILITY ON LYMPH NODE METASTASES IN AN ENDOMETRIAL CANCER COHORT

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Objectives Endometrial cancer (EC) is a molecularly driven disease, and prognostic and treatment paradigms are transitioning to focus on molecular subtyping. Surgical staging and the role of lymphadenectomy has similarly evolved over time,