Black women at our institution had higher EC-specific mortality than non-black women. This disparity cannot be attributed to differences in BMI or age; investigation into other contributing factors is warranted to diminish disparities and improve survival of black women with EC.

**Objectives**

Introduction: Low-grade endometrioid carcinoma (LGEc) usually behaves in an indolent course, although some cases show a high tendency for infiltration and metastasis. Previously, we have pointed out chemokine CXCR4-CXCL12 axis plays an important role in MELF type endometrioid carcinoma (EC). Under these circumstances, the functional activity of cancer-associated fibroblasts (CAFs) affects tumor microenvironments. In the present study, we focused on LGEc and non-tumorous conditions and investigated the clinicopathological correlation of CXCR4 expression including the relation between biopsy and surgically resected samples, and invasion processes under CAF co-cultured conditions in vitro.

**Methods**

Immunohistochemical staining of CXCR4 was performed in 72 cases of LGEc and 57 cases of non-cancerous conditions. The expression was analyzed semi-quantitatively regarding the correlation between biopsy and surgically resected specimen, cancer and non-cancerous conditions, the morphological pattern of myometrial invasion, and clinical characteristics, respectively. Using the LGEc cell lines, invasion assay and wound healing assay were performed under co-cultured with CAF co-cultured conditions in vitro.

**Results**

EC showed significantly higher expression of CXCR4 than in non-neoplastic conditions (p<0.05), although no correlation was identified between the biopsy and surgically resected groups and the clinicopathological characteristics. On the other hand, AMD3465 suppressed cell invasion and migration, and it enhanced under the condition of CAF co-culture compared to normal fibroblast.

**Conclusions**

From the results of the invasive process of LGEc, CXCR4 expression can be an indicator of tumor aggressiveness.

**Objectives**

Sentinel lymph-node biopsy (SLB) with indocyanine green (ICG) could be an alternative for the systematic pelvic lymphadenectomy (LND) to stage lymph-nodes in endometrial cancer (EC). The success of SLB depends on the bilateral identification of sentinel lymph-nodes (SLs) in the pelvis. The aim of this study was to evaluate factors that may impact successful bilateral SL mapping.

**Methods**

Prospective study was performed in Lithuanian University of Health Sciences Hospital. 180 patients with historically confirmed EC were included into the study. SLs were mapped with intracervical ICG injection.

**Results**

Bilateral SL mapping rate was 69.4%. The factors associated with mapping failure were as follows: older age (63.0% vs. 65.0, p=0.021), higher BMI (29.4 vs. 30.9, p=0.026), decreased lymphatic flow (16.0% vs. 29.1%, p=0.043), deep myometrial invasion (37.6% vs. 56.4%, p=0.019) and adhesiolysis performed during surgery (10.4% vs. 27.3%, p=0.004). After binary logistic regression analysis, the only independent factor associated with the bilateral SL mapping failure was the adhesiolysis during surgery (OR 2.888; 95% CI 1.81 – 7.063, p=0.020).

**Conclusions**

The removal of adhesions in the pelvis was the only independent factor associated with the lower rates of successful bilateral SL mapping.