03. Endometrial cancer

#16 PERSONALIZED SENTINEL NODE MAPPING IN ENDOMETRIAL CANCER BY THE INDOCYANINE GREEN IMPLEMENTATION AS SINGLE TRACER: A CASE CONTROL STUDY

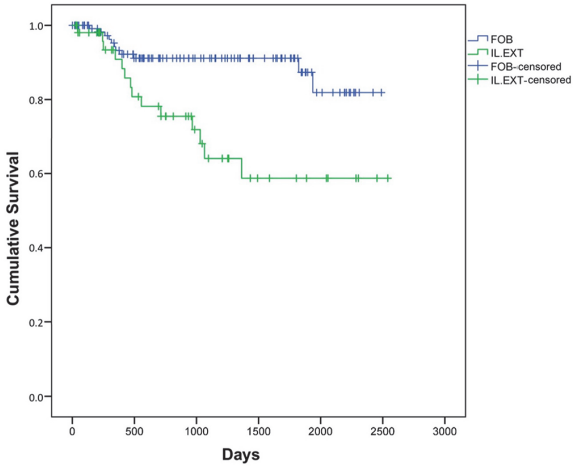
[1]Ignacio Cristóbal Quevedo, [2]Ignacio Cristóbal García, [1]Myriam Gracia, [1]Virginia Garcia-Pineda, [1]Maria Alonso-Espias, [1]Jaime Siegrist, [1]Maria Dolores Diestro, [1]Alicia Hernández, [1]Ignacio Zapardiel*. *[1]Hospital Universitario La Paz, Madrid, Spain; [2]Hospital Clínico San Carlos, Madrid, Spain*

10.1136/ijgc-2023-ESGO.263

Introduction/Background The main objective was to analyze the rate of bilateral sentinel lymph node (SLN) detection in endometrial cancer using indocyanine green (ICG) as a unique tracer compared to Technetium99 + ICG. As secondary objectives, we analyzed the drainage pattern and factors that might affect the oncological outcomes.

Methodology A case-control ambispective study was carried out on consecutive patients at our center. Data on the SLN biopsy with ICG collected prospectively were compared to retrospective data on the use of a double-tracer technique including Technetium99 + ICG. In total, 194 patients were enrolled and assigned to both groups, in which the group with both tracers (controls) included 107 (54.9%) patients and the ICG-alone group (cases) included 87 (45.1%) patients.

Results The rate of bilateral drainage was significantly higher in the ICG group (98.9% vs. 89.7%; p = 0.013). The median number of nodes retrieved was higher in the control group (three vs. two nodes; p < 0.01). We did not find survival differences associated with the tracer used (p = 0.85). We showed significant differences in terms of disease-free survival regarding the SLN location (p < 0.01), and obturator fossa retrieved nodes showed better prognosis compared to external iliac.



Abstract #16 Figure 1 Kaplan–Meier estimate. Disease-free survival comparing sentinel node location (FOB: Obturator Fossa; IL. EXT: External Iliac Artery). Log-rank test p < 0.01.

Conclusion The use of ICG as a single tracer for SLN detection in endometrial cancer patients seemed to obtain higher rates of bilateral detection with similar oncological outcomes.

Disclosures Conflicts of Interest: The authors declare no conflict of interest.

Funding This research received no external funding.

Institutional Review Board Statement The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of University Hospital La Paz (protocol code PI-3599 and approved on 7 May 2019).

#29 CYTOLOGY AND LVSI EVALUATION AS A POOR PROGNOSTIC FACTOR IN UTERINE CANCER: 11 YEARS SINGLE CENTER EXPERIENCE

[1]Cem Yagmur Ozdemir*, [1]Nayif Cicekli, [1]Dagistan Tolga Arioz, [1]Mariam Chkhikvadze, [2]Filiz Bilir, [3]Nefize Vatansever, [1]Sezgin Yilmaz. *[1]Afyonkarahisar Health Sciences University Medical Faculty Hospital, Afyonkarahisar, Turkey; [2]Sakarya University Faculty of Medicine, Sakarya, Turkey; [3]Izmir Cigli Regional Training and Research Hospital, Izmir, Turkey*

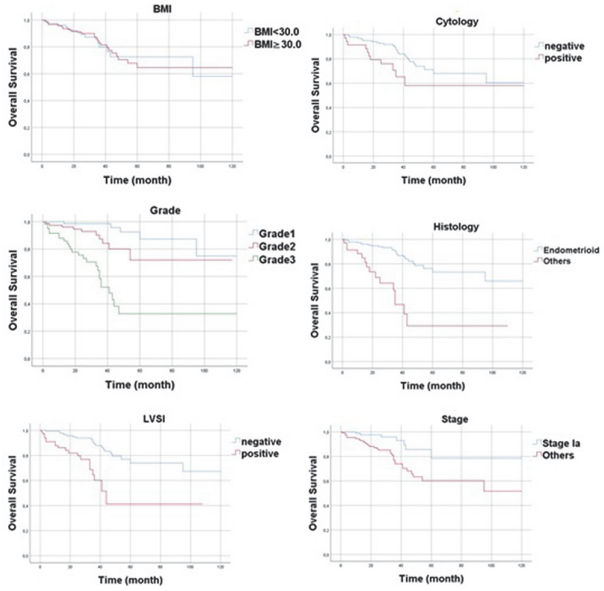
10.1136/ijgc-2023-ESGO.264

Introduction/Background

Objective To emphasize the effect of lymphovascular space invasion (LVSI) and cytology positivity on prognosis in addition to molecular classification.

Methodology Methods : The records of 223 patients with endometrial cancer between January 2011 and January 2022 were retrospectively reviewed. The Kaplan-Meier method was used to evaluate overall survival (OS) and progression -free survival (PFS). Survival rates; were compared in terms of stage, tumor histology, grade, body mass index(BMI), cytology and lymphovascular space invasion (LVSI).

Results Of the 223 patients with endometrial cancer overall 5-year survival was 82.4%, the recurrence-free survival was 88.3%. The 5-year PFS of LVSI negative patients was 93% and LVSI positive patients was 77.3% of (p<0.001). The 5-year PFS of cytology-negative patients was 90.4%, and 77.1% of cytology-positive patients (p<0.05).



Abstract #29 Figure 1

Conclusion As a result, LVSI positivity, non-endometrioid histological type, high stage and cytology positivity are poor prognostic factors. As we found in our study, LVSI positivity, non-endometrioid histological type, high stage and cytology positivity also reduce the overall survival rate. In this study,

we wanted to emphasize that in addition to molecular classification, cytology and LVSI positivity are still very important factors in prognosis.

Disclosures

Discussion We found in our study, LVSI positivity, non-endometrioid histological type, high stage and cytology positivity also reduce the overall survival rate. In this study, we wanted to emphasize that in addition to molecular classification, cytology and LVSI positivity are still very important factors in prognosis.

#34 NONPUERPERAL UTERINE INVERSION CAUSED BY AN ADENOSARCOMA: A CASE REPORT

Mariem Garci*, Abdelmoula Ghada, Nabil Mathlouthi, Cyrine Belghith, Slimani Olfa. *Charles Nicolle Hospital, Tunis, Tunisia*

10.1136/ijgc-2023-ESGO.265

Introduction/Background Eighty-five percent of uterine inversions are puerperal. Nonpuerperal uterine inversion is usually precipitated by tumors exerting a pulling force on the fundus of the uterus, causing the uterus to turn partially or completely upside down. It is most often associated with benign tumors such as submucosal leiomyomas. However, malignancies are a rare association.

Methodology clinical case

Results Mrs. MS aged of 35, gravida0 para0, whoconsulted for menometrorrhagia associated with pelvic pain since 2 years.

On examination, patient was hemodynamically stable, afebrile, with pale conjunctivae and a uterus increased in size .

A transvaginal Ultrasonography was not realized because the patient declared to be virgin.

A suprapubic Ultrasound showed an enlarged globulous uterus with heterogenous indefinite mass of 49 mm.

A malignant tumor was suspected and a pelvic magnetic resonance imaging (MRI) scan was performed.

It showed the appearance of U-shaped uterine cavity and a thickened inverted uterine fundus on a sagittal image and a 'bulls-eye' configuration on an axial image.

The uterus was the site of an endometrial infiltrating mass of 25 mm, with high T2 signal, hyperintense on diffusion-weighted sequence with low apparent diffusion coefficient (ADC), heterogeneously enhanced after gadolinium injection. Few spots of spontaneous high T1 signal were present related to heamorrhagic areas.

There was no intraperitoneal effusion. The conclusion was a uterine inversion on an infiltrating endometrial mass.

Per-operative exploration showed uterine inversion taking away the ovaries; the fallopian tubes and the round ligaments. A vertical hysterotomy of the posterior surface of the uterus allowed excision of a friable necrotic intracavitary mass.

The surgical specimen was sent for extemporaneous anatomo-pathological examination showing undifferentiated tumor proliferation.

This was completed by surgical release of the constriction ring and manual reduction of the uterine inversion and then hysteroraphy .

The anatomo-pathological examination confirmed the malignancy: Adenosarcoma.

The patient recovered from the operation without complications and was referred to an oncologist for further treatment.

Disclosures Uterine inversion rarely occurs outside of the puerperal period. The fear is to miss a malignant etiology. Hence the importance of comprehensive care with a meticulous etiological investigation .

#50 MOLECULAR AND IMMUNOHISTOCHEMICAL MARKERS IN ENDOMETRIAL CANCER: A PROSPECTIVE CLINICAL TRIAL

Mariam Chkhikvadze*, Dagistan Tolga Arioz, Suna Evrim Arikan, Gulsum Seyma Yalcin, Cigdem Ozdemir, Cem Yagmur Ozdemir, Filiz Bilir, Nayif Cicekli, Duriye Ozturk, Sezgin Yilmaz. *Afyonkarahisar Health Science University Hospital, Afyonkarahisar, Turkey*

10.1136/ijgc-2023-ESGO.266

Introduction/Background Endometrial cancers have been traditionally divided into two subtypes based on histological characteristics, expression of hormone receptors and grade; genomic/immunohistochemistry based molecular classification has been recommended recently. This prospective study aims to investigate the possible relationship between molecular profile and clinicopathological features in patients diagnosed with endometrial cancer.

Methodology PMS-2, MSH-6, MLH-1, MSH-2 and p53 were evaluated immunohistochemically from selected formalin-fixed paraffin-embedded blocks that were obtained from 60 patients with endometrial cancer. Sequence analyzes of POLE gene 9. and 13. exons were performed from genomic DNA.

Results Patients were divided into 4 groups according to molecular classification. One patient (%1,7) had POLE mutation, 15 patients (%25) had MMRd, 41 patients (%68,3) belonged to NSMP group, and 3 patients (%5) had p53

Abstract #50 Table 1 Comparison of pathological characteristics according to molecular classification

		Total n (%)	*POLE*mt n=1	MMRd n=15	P53 n=3	NSMP n=41	P Value
Histological type	Endometrioid	53 (%88,3)	1 (%100)	15 (%100)	1 (%33,3)	36 (%87,8)	0,012
	Non-endometrioid	7 (%11,7)	0 (%0)	0 (%0)	2 (%66,7)	5 (%12,2)	
Myometrial invasion	< 1/2	38 (%63,3)	0 (%0)	12 (%80)	2 (%66,7)	24 (%58,5)	0,268
	≥ 1/2	22 /%36,7)	1 (%100)	3 (%20)	1 (%33,3)	17 (%41,5)	
Lymphovascular space invasion	Negative	41 (%68,7)	1 (%100)	10 (%66,7)	2 (%66,7)	28 (%68,3)	0,922
	Positive	19 (%31,7)	0 (%0)	5 (%33,3)	1 (%33,3)	13 (%31,7)	
Cervical involvement	No	55 (%91,7)	1 (%100)	13 (%86,7)	3 (%100)	38 (%92,7)	0,823
	Yes	5 (%8,3)	0 (%0)	2 (%13,3)	0 (%0)	3 (%7,3)	
Peritoneal cytology	Negative	57 (%95)	1 (%100)	14 (%93,3)	3 (%100)	39 (%95,1)	0,960
	Positive	3 (%5)	0 (%0)	1 (%6,7)	0 (%0)	2 (%4,9)	
Stage	1a	31 (%51,7)	0 (%0)	9 (%60)	2 (%66,7)	20 (%48,8)	0,595
	1b-4b	29 (%48,3)	1 (%100)	6 (%40)	1 (%33,3)	21 (%51,2)	
Grade	1	24 (%40)	0 (%0)	5 (%33,3)	1 (%33,3)	18 (%43,9)	0,387
	2	23 (%38,3)	1 (%100)	7 (%46,7)	0 (%0)	5 (%36,6)	
	3	13 (%21,7)	0 (%0)	3 (%20)	2 (%66,7)	8 (%19,5)	

POLE: Polymerase epsilon, MMRd: Mismatch repair deficient, NSMP: Nonspecific molecular profile, P53: Tumor protein 53