Introduction/Background. Ultrastaging is accurate in detecting nodal metastases but increases costs and may not be necessary in certain low-risk subgroups. We examine the risk of nodal involvement detected by sentinel lymph node (SLN) biopsy in the overall population of apparent early-stage endometrial cancer (EC) and stratified by histopathologic characteristics. Furthermore, we aim to identify a subgroup in which ultrastaging may be eliminated.

Methodology. We retrospectively included patients who underwent SLN (with bilateral mapping and no empty nodal packets on final pathology)±systematic lymphadenectomy for apparent early-stage EC from 10/2013 through 12/2020. Lymph node status was determined by SLN only, regardless of non-SLN findings. The incidence of metastases but increases costs and may not be necessary in certain low-risk subgroups. We examine the risk of nodal involvement detected by sentinel lymph node (SLN) biopsy in the overall population of apparent early-stage endometrial cancer (EC) and stratified by histopathologic characteristics. Furthermore, we aim to identify a subgroup in which ultrastaging may be eliminated.

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The median SLN count was 3.2 (1–6). The overall and bilateral detection rate was 95% and 86%. Sensitivity, specificity and negative predictive value were 92.3%, 100% and 96.8% respectively per side. There were no allergic reactions to the ICG.

Conclusion NIR fluorescence imaging with ICG is an excellent and safe tracer modality for SLN mapping with a very high overall (95%) and bilateral (86%) detection rate. Therefore, SLN mapping is efficient in identifying metastatic nodal disease without compromising oncological safety.

Disclosures nil

### #65 EVALUATION OF SERUM BIOMARKERS HUMAN EPIDIDYMIS PROTEIN-4 AND FIBRINOGEN IN ENDOMETRIAL CANCER
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Introduction/Background Lack of a definitive biomarker for screening and diagnosis of endometrial cancer precludes early diagnosis and treatment and it can only be confirmed on histopathology in symptomatic women.

The aim of the present study was to examine the role of human epididymis protein 4 (HE4) and fibrinogen in endometrial cancer. The objectives were to estimate and compare the biomarker levels in endometrial cancer and benign endometrial pathology and correlate them with various clinicopathological parameters of endometrial malignancy.

Methodology A total of 60 patients (30 cases and 30 controls) with endometrial cancer and benign endometrial pathology respectively were recruited in this case control study. HE4 and fibrinogen levels were estimated in both groups. The diagnostic value was assessed by a receiver operating curve, sensitivity, specificity, positive predictive value, negative predictive value and accuracy.

Results The mean (SD) HE4 levels were significantly higher for cases compared to controls (371.14pmol/L (258.82) and 207.85pmol/L (179.26); (p=0.017). Similarly, the mean (SD) fibrinogen value for cases was 421.20mg/dL (156) and 251mg/dL (104.4) for controls (p=0.00). A combination of HE4 and fibrinogen fared better than either biomarker alone in diagnosing endometrial cancer (area under the receiver operating curve: HE4 and fibrinogen = 0.86, fibrinogen=0.81 and HE4=0.68). At a cut-off level of 239 pmol/L for HE4 and 342.5mg/dL for fibrinogen, the sensitivity was 60% and 73.33% respectively and specificity was 76.67% and 83.33%. No statistically significant correlation was found between the values of these biomarkers and the pathological parameters.

Conclusion Both HE4 and fibrinogen were significantly raised in endometrial cancer cases than controls. Combination of serum HE4 and plasma fibrinogen had highest accuracy while plasma fibrinogen fared better as a standalone marker to differentiate between benign and malignant histology.

Disclosures nil

### #80 DISCLOSURE OF OUR LATEST DATA USING SENTINEL LYMPH NODE (SLN) FOR STAGING ALL ENDOMETRIAL CANCERS
Juan Cespedes*, Ruben Ruiz, Mikel Gorostidi, Ibon Jaunarena, Arantza Lekuona. Hospital universitario Donostia, San Sebastian, Spain

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Introduction/Background SLN biopsy can be considered for staging in patients with low-risk/intermediate-risk disease and it is an acceptable alternative to lymphadenectomy for LN staging in stage I/II. LN staging should be performed in patients with high–intermediate-risk/high-risk disease. Four prospective cohort trials have shown high sensitivity to detect pelvic LN metastases and a high negative predictive value applying a SLN algorithm in high-risk/high-grade endometrial carcinomas. Our aim is present our prospective results in endometrial cancer applying new ESGO/ESMO/ESTRO recommendations for staging all endometrial cancers comparing them with our previous 333 patients data.

Methodology A prospective observational study is being conducted since 1 January 2021 with patients that undergo laparoscopic surgery for endometrial cancer at our institution. We perform only SLN biopsy with dual cervical and fundal indocyanine green injection in all endometrial cancers. All SLNs were processed with an ultrastaging technique. Between 26 June 2014 and 31 December 2019 with 333 patients we applied the previous treatment algorithms. Between January and 30 August 2023 we did SNL in 117 patients.

Results Comparison of the results (ancient/new): Detection rate 94%/97.7% overall for SLNs; 91.3%/97.7% overall for pelvic SLNs; 70.5%/88.8% for bilateral SLNs; 68.1%/88.8% for paraaortic SLNs, and 2.9%/0% for isolated paraaortic

Abstract #80 Table 1 Results table.