SLNs. Macrometastasis 18%/6% patients and micrometastasis 17.6%/8.8% patients, overall rate of LN involvement 16.2%/11%. Isolated Aortic metastases 4.2%/2.2% (14/333–1/117). Assuming the results of the ancient serie there was one false/negative (negative SLN with positive lymphadenectomy). Our sensitivity of detection was 98.3% (95% CI 91–99.7), specificity 100% (95% CI 98.5–100), negative predictive value 99.6% (95% CI 97.8–99.9), and positive predictive value 100% (95% CI 93.8–100).

Conclusion SLN biopsy with dual cervical and fundal indocyanine green injection is an acceptable alternative to systematic lymphadenectomy for LN staging in endometrial cancer stage I/II.

Disclosures With the new algorithm we avoid 22/45 (48.8%) lymphadenectomies, reducing the morbidity in our patients. Surgical times were shorter improving our theaters efficiency with all that implies for. Additionally, this technique allows a high rate of aortic detection, identifying a non-negligible percentage of isolated aortic metastases. Isolated Aortic metastases in endometrial cancer are possible and we should not give up actively looking for them.

#81 ASSOCIATION BETWEEN RECURRENCE, DEATH, AND AFTER OVARIAN PRESERVATION IN YOUNG WOMEN WITH EARLY-STAGE ENDOMETRIAL CANCER
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Introduction/Background Endometrial cancer (EC) is the fifth most common type of cancer in women worldwide [1]. Global estimates of the increase in incidence, both in developed and developing countries, the indicators are almost the same [2]. In many cases, the diagnosis is made in postmenopausal women, but 15–25% of patients are premenopausal, and 5% are younger than 40 years [3].

Methodology This systemic review and meta-analysis is presented in accordance with the Multiple Admissions Regulations for Systemic Reviews and Meta-Analyses (PRISMA) and registered in the International Prospective Registry of Systemic Reviews (CRD number). We identified observational studies by searching PubMed, Medline (since 213), Embase (since 2013), Cochrane library (since 2015).

Results A US fixed effects model study found that of 3269 women identified, including 402 patients (12%) who had preserved ovaries. As a result of the study of the multivariate Cox model showed that ovarian preservation did not affect either cancer-specific (hazard ratio [RR] = 0.58; 95% CI 0.14 to 2.44) or overall (RR = 0.68; 95% CI 0.34–1.35) survival.

Conclusion The current study showed that there was no significant difference in relapse-free survival between patients with preserved ovaries of stage IA and partially stage II and patients with bilateral salpingo-oophorectomy. This study suggests that the preservation of ovaries in the early stages of endometrial cancer in premenopausal women after a full explanation of the possible risk of the disease and a thorough preoperative evaluation in rolna may be a safe choice. Interpretation of our results should take into account some shortcomings of this study. Firstly, the sample size was insufficient in some studies, and there was no significant difference in the recurrence rate between the ovarian preservation and BSO groups. Second, we did not separate laparotomy and laparoscopic treatments separately, we focused on the outcome of treatment.

Disclosures Searched Medline, Embase, Cochrane Library

#103 EPIGENETIC SILENCING OF MLH1 AS A PROGNOSTIC FACTOR FOR ENDOMETRIAL CANCER RECURRENCE
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Introduction/Background Aberrant DNA methylation is a common phenomenon in different types of cancer, but its patterns, causes, and consequences are poorly defined. Promoter hypermethylation of the DNA mismatch repair (MLH1) has been implicated in prognosis of endometrial cancer (EC).

Methodology Fifty women diagnosed with endometrioid-type endometrial adenocarcinoma from 2018–2021 at the Institute of Oncology of Moldova were included in this study. DNA was isolated from plasma, formalin-fixed, paraffin-embedded tumor. The methylation status of the MLH1 gene was determined using the Methylation specific Polymerase Chain Reaction (MS-PCR) method and specific primers for both unmethylated and methylated fragments. (Figure 1).

Results Clinical and pathological characteristics for the 50 endometrial cancer patients are summarized in table 1. The mean age of the cohort was 59.9 ± 6.4 years (range, 39–87), and most of the patients had early stage (Stage I or II), grade 2 tumors with less than 50% myometrial invasion. The mean tumor size was 4.2 cm and the mean depth of invasion 0.5 cm. Myometrial lymphatic/vascular space and perineural invasion was present in nearly half the tumors and was much more common in stage II cases. Overall, 80% of the patients with EC had intact tumors, while 20% had hypermethylation of MLH1 (table 2). The presence of MLH1 epimutation was observed in 22.0% of EC patients in stage I and only in 2 patients in stage II.

Conclusion Recent developments in the field of epigenetics, especially studies of DNA methylation, have provided valuable insights for understanding the role of epigenetic alterations in normal cellular processes and abnormal changes leading to endometrial carcinogenesis. Promoter hypermethylation of MLH1 displayed a direct correlation with increasing age, poor differentiation of tumor, presence of myometrial and lymphovascular invasion. These phenotypes may underlie the different developmental pathways that are known to occur in endometrial cancer.