

**Introduction/Background** Social media represents a strong instrument to share and divulge information targeting people of different ages and backgrounds. Little is known regarding how social media may impact patients' understanding and acceptance of their disease, large-scale screening and health care improvement. Due to the rising incidence of endometrial cancer globally, we aimed to understand the extent of posts regarding this disease on Instagram, one of the most used social media platforms.

**Methodology** We collected and analysed the number of Instagram posts for the following hashtags: #uterinecancer, #endometrialcancer, and #wombcancer from the launch of Instagram (October 2010) to May 5th, 2023. Moreover, using the Instagram algorithm, we highlighted the two top posts for each used hashtag.

**Results** We identified 83.670 posts related to endometrial cancer. More specifically, 48.597 posts for #uterinecancer, 28.234 posts for #endometrialcancer and 6.839 posts for #wombcancer. The most rated post on endometrial cancer belonged to a scientific research alliance providing an informative description of the disease, whereas the second top post consisted of a cancer-related nutritional advices' advertisement for patients. Figure 1 summarises the most frequent words gathered from the top post comments. It shows that endometrial cancer posts are usually linked to everyday life factors according to patients' point of view: hormonal changes, stressful life, hormonal therapy, and childbearing.



**Abstract #183 Figure 1** The word cloud of the top ranked post on endometrial cancer

**Conclusion** In conclusion, Instagram may be considered a crucial social media platform for patients with endometrial cancer to obtain information regarding their disease.

**Disclosures** None

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#### MALIGNANT MIXED MULLERIAN TUMOUR OF THE UTERUS: ANALYSIS OF 80 CASES FROM A SINGLE ACADEMIC INSTITUTION

<sup>1,2</sup>Vera Loizzi\*, <sup>3</sup>Michele Mongelli, <sup>3</sup>Francesca Arezzo, <sup>1</sup>Anila Kardhashi, <sup>1</sup>Erica Silvestris, <sup>1</sup>Ambrogio Cazzolla, <sup>3</sup>Tommaso Difonzo, <sup>3</sup>Gaia Battista, <sup>3</sup>Pietro Quarto, <sup>3</sup>Massimiliano Memmola, <sup>1,2</sup>Gennaro Cormio. <sup>1</sup>IRCCS Istituto Tumori Giovanni Paolo II, Bari, Italy; <sup>2</sup>Department of Interdisciplinary Medicine, Bari, Italy; <sup>3</sup>University Of Bari, Bari, Italy

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**Introduction/Background** The aim of our study was to evaluate the clinicopathological features and prognostic factors of uterine mixed muller malignant tumor (MMMT).

**Methodology** In this retrospective study, the clinical characteristics patients with uterine MMT were evaluated. Survival curves were estimated by the Kaplan-Meier method and compared by the log-rank est.

**Results** Eighty patients with uterine carcinosarcoma were referred at University of Bari between 1995 and 2022. Their median age was 66.5 years. All women underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy. Twenty-five percent had also omental resection. Pelvic lymphadenectomy was performed in 18% of the cases. The distribution by FIGO stage showed 21% in stage I (8% in stage IA and 13% in stage in stage IB), 35% in in stage II, 35% in stage III and 9% in stage IV. Adjuvant chemotherapy was administered to 54 patients (67%). Disease recurrence was observed in 26 cases (32%). The disease-free interval, defined as the time interval between the end of the first line of chemotherapy and the appearance of recurrence or distant metastases, was 23 months. The median overall survival was 103 months.

The evaluation of survival according to FIGO stage, histological type, tumour size, chemotherapy regimen, pelvic lymphadenectomy, and myometrial invasion provided results not statistically significant for prognostic purposes. However, no statistical differences were observed after adjusting for FIGO stage. Only tumour histotype was found to be a decisive element for prognostic evaluation after adjusting for stage: patients with homologous-type MMT demonstrated a survival advantage in an advanced stage compared to an early stage.

**Conclusion** Uterine MMT is an aggressive tumour, often diagnosed at an advanced stage and with a high rate of metastases or recurrences. Because of its rarity, its management is controversial and fixed prognostic factors cannot be defined.

**Disclosures** No disclosure

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#### THE ROLE OF HISTOLOGICAL AND MOLECULAR FEATURES IN PREDICTING THE RISK OF NODAL DISEASE IN ENDOMETRIAL CANCER: A PROSPECTIVE STUDY

<sup>1</sup>Giorgio Bogani\*, <sup>2</sup>Jvan Casarin, <sup>2</sup>Fabio Ghezzi, <sup>2</sup>Mariangela Longo, <sup>2</sup>Elisa Ervas, <sup>3</sup>Francesco Multinu, <sup>3</sup>Iliaria Betella, <sup>4</sup>Luca Lalli, <sup>4</sup>Francesco Raspagliesi. <sup>1</sup>Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy; <sup>2</sup>University of Insubria, Varese, Italy; <sup>3</sup>IEO, Milano, Italy; <sup>4</sup>Fondazione IRCCS Istituto Tumori di Milano, Milano, Italy

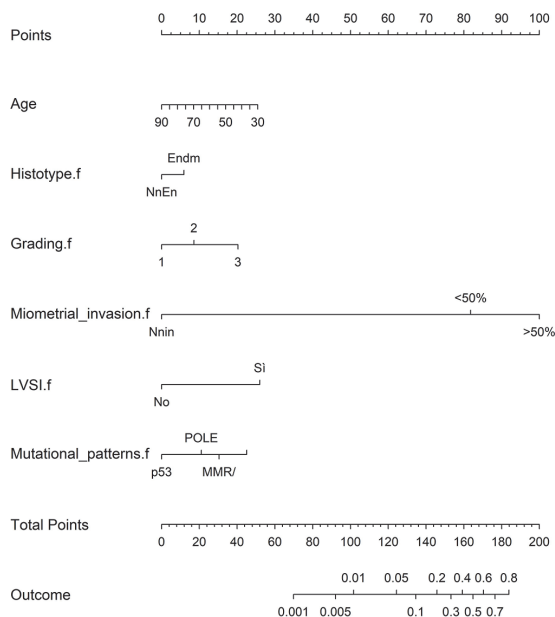
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**Introduction/Background** To assess the role of histopathological and molecular features in predicting the risk of nodal metastases in apparent early-stage endometrial cancer (EC) patients undergoing sentinel node mapping.

**Methodology** This is a prospective multicenter trial. Consecutive patients with apparent early-stage EC undergoing laparoscopic hysterectomy, bilateral salpingo-oophorectomy, and sentinel node mapping were enrolled. Histological and molecular features were recorded at the final pathological evaluation and were used to predict node positivity.

**Results** Charts of 210 EC patients were evaluated. The study population included 178 (85%) and 32 (15%) patients with endometrioid and non-endometrioid EC, respectively. According to conventional pathological uterine characteristics, 94, 46,

41, and 32 were classified as low, intermediate, intermediate-high, and high-risk, respectively. According to molecular classification 10 (5%), 42 (20%), 57 (27%), and 101 (48%) were included in the POLE mutated, p53 abnormal, MMRd/MSI-H, and NSMP, respectively. Overall, 41 (19.5%) patients were detected with positive nodes. Molecular features were not associated with the risk of having nodal metastases (OR: 1.03 (95%CI: 0.21, 5.95;  $p=0.969$ ) for POLE mutated; OR: 0.788 (95%CI: 0.32, 1.98;  $p=0.602$ ) for p53 abnormal; OR: 1.14 (95%CI: 0.53, 2.42);  $p=0.733$  for MMRd/MSI-H). At multivariate analysis, only myometrial invasion (OR: 3.33 (95%CI: 1.40,7.80);  $p=0.006$ ) and LVSI (OR: 6.03 (95%CI: 2.56, 15.4);  $p<0.001$ ) correlated with nodal status. A nomogram evaluating the impact of pathological and molecular features on nodal status was built (C-index 0.78)



Abstract #207 Figure 1

**Conclusion** Our prospective study suggested that molecular features seem not helpful in tailoring the need for nodal dissection in EC. Further external validation is warranted.

**Disclosures** None

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### THE SENTIREC-ENDO STUDY – RISKS AND BENEFITS OF A NATIONAL ADOPTION OF SENTINEL NODE MAPPING IN LOW AND INTERMEDIATE RISK ENDOMETRIAL CANCER

<sup>1</sup>Sarah Marie Bjørnholt\*, <sup>2</sup>Sara Elizabeth Sponholtz, <sup>3</sup>Ole Mogensen, <sup>4</sup>Kirsten Bouchelouche, <sup>5</sup>Erik Thorlund Parner, <sup>6</sup>Gudrun Neumann, <sup>6</sup>Kirsten Marie Jochumsen, <sup>7</sup>Bushra Hassan Hamid, <sup>7</sup>Morten Bülow Davidsen, <sup>8</sup>Signe Frahm Bjørn, <sup>1</sup>Katja Dahl, <sup>1</sup>Pernille Tine Jensen. <sup>1</sup>Department of Gynecology and Obstetrics, Aarhus University Hospital, Aarhus, Denmark; <sup>2</sup>Department of Clinical Research, Faculty of Health Science, University of Southern Denmark, Odense, Denmark; <sup>3</sup>Department of Gynecology and Obstetrics, Aarhus University Hospital, Aarhus, Denmark; <sup>4</sup>Department of Clinical Medicine – Nuclear Medicine and PET, Aarhus University Hospital, Aarhus, Denmark; <sup>5</sup>Department of Public Health and biostatistics, Aarhus University, Aarhus, Denmark; <sup>6</sup>Department of Gynecology and Obstetrics, Odense University Hospital, Odense, Denmark; <sup>7</sup>Department of Gynecology and Obstetrics, Herlev Hospital, Herlev, Denmark; <sup>8</sup>Department of Gynecology and Obstetrics, Rigshospitalet, Copenhagen, Denmark

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**Introduction/Background** Surgical staging of endometrial cancer (EC) serves to allocate women with lymph node metastases to adjuvant treatment. Sentinel lymph node (SLN) mapping has shown high accuracy to detect lymph node metastases in women with EC of low- or intermediate-risk (LR or IR) of lymph node metastases. The SENTIREC-endo study aims to investigate risks and benefits of a national protocolled adoption of SLN mapping to women with LR and IR EC, in a real-life clinical setting.

**Methodology** Preceded by a surgeon proficiency study, we performed a national multicenter prospective study of SLN-mapping in women with LR and IR EC from March 2017-February 2022. Postoperative complications were classified according to Clavien-Dindo. Lymphoedema was evaluated by validated patient-reported outcome measures at baseline and three months postoperatively. The Lymphoedema score was linearly transformed from 0 to 100 according to guidelines. Lymphoedema was assessed as a mean difference score and as incidence of swelling and heaviness, scores was compared using paired t-test.

**Results** 627 women were included in the analyses, 458 with LR- and 169 with IR EC. The SLN detection rate was 94.3% (591/627). The overall incidence of lymph node metastases was 9.3% (58/627), 4.4% (20/458) in the LR- and 22.5% (38/169) in the IR group. Only 0.3% (2/627) experienced an intraoperative complication associated with the SLN procedure. The incidence of postoperative complications was 8% (50/627). The mean difference score of lymphoedema was below the threshold for clinical importance 4.3/100 (95%CI 2.6–5.9). The incidence of leg swelling and heaviness was low, 5.2% and 6.1%, respectively.

**Conclusion** SLN mapping is a safe staging procedure in women with EC of LR and IR, carrying a very low risk of early lymphoedema, perioperative- and postoperative complications. The national change of clinical practice contributed to a more correct treatment allocation for both risk groups and thus supports further international implementation.

**Disclosures** There are no conflicts of interest to disclose.

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### LAPAROSCOPIC SENTINEL LYMPH NODE MAPPING USING INDOCYANINE GREEN DYE IN ENDOMETRIAL CANCER- AN INDIAN EXPERIENCE

<sup>1</sup>Anila Tresa Alukal\*, <sup>2</sup>Siva J Ranjith, <sup>2</sup>Rema Anila Prabhakaran, <sup>2</sup>Suchetha Jyothish, <sup>2</sup>Dhanya Dinesh. <sup>1</sup>Sree Gokulam Medical College and Research Foundation, Thiruvananthapuram, India; <sup>2</sup>Regional Cancer Centre, Thiruvananthapuram, India

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**Introduction/Background** The sentinel node procedure helps to assess the nodal status in patients with low or intermediate risk groups helping in avoiding complete nodal dissection in endometrial cancers. The rate of identification of a sentinel node varied from 80% to 100%. Indocyanine green dye has shown a better detection rate when compared to the other tracers.

**Methodology** The aim of this study was to evaluate the feasibility of laparoscopic sentinel lymph node mapping using Indocyanine green (ICG) in early endometrial cancers. This was a prospective study done from January 2020 to June 2021 with a sample size of 25.

ICG dye was injected superficial and deep at the 3 O'clock and 9 O'clock positions of the cervix. Fluorescent signal from the sentinel nodes was identified and sentinel nodes were