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.

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

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

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

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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