Results 923 EC patients were included. 565 (61.2%) patients had a history of hypersensitivity to antibiotics and/or NSAIDs and/or other medications/food, while 25 (2.7%) patients had a history of iodine or iodine contrast media (ICM) reaction. No intraoperative anaphylaxis or severe delayed adverse reactions were observed after ICG injection. However, 10 (1.1%) patients developed a delayed short-lived localized skin rash within seven days after surgery. None of these cases had a history of ICM reaction, but 9/10 had a history of hypersensitivity towards non-iodinated allergens. These ten cases were reviewed from clinical records by a gynecologist and an allergologist, and it was concluded that the likelihood of these allergic reactions being related to ICG was low and more likely induced by other newly prescribed medications or contact sensitivity, based on timing and clinical/perioperative history. However, definitive allergic testing was not performed for the 10 cases with mild skin rash to establish the specific cause of the reaction.

Conclusion In our experience, the use of ICG for intracervical injection in SLN mapping is safe. ICG safety profile is confirmed even in the subset of patients with a history of hypersensitivity to drugs, iodine, or ICM.

Disclosures None

Methodology A retrospective study was performed comparing the cohort of patients included in the prospective study of SLNB + lymphadenectomy in EC from July 2014 to December 2020 with the cohort of patients collected retrospectively from January 2021 to January 2023 of patients with EC operated on at our center using the validated SLNB technique.

In order to minimize confounding biases derived from the absence of randomization and to be able to estimate the population mean effect, inverse probability of treatment weighting (IPTW) was used, establishing a weight for each participant according to the baseline variables observed.

Results We included 442 in the analysis. Surgical staging was performed by SLNB&lymphadenectomy in 328 women if high or intermediate risk preoperative risk factors, and only by SLNB in 114.

There was a 45.5% reduction in the lymphadenectomy rates, a reduction of 0.97 days for days of hospitalization, an increase of 0.66 gr/dL of the levels of haemoglobin and an increase of detection rate for aortic, bilateral pelvic and Aortic&bilateral pelvic SLN of 12.4%, 16.3% and 14.9%.

Conclusion This study demonstrates that the incorporation of the SLNB for EC achieves a very significant reduction in the number of days of hospital stay, number of lymphadenectomies and an increase of the hemoglobin levels. We also found that once the technique was systematized all detection rates have improved, being very significant the improvement obtained at the level of bilateral pelvic detection.

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CHEMORADIOThERAPY FOR UNRESectable ENDOMetrial CANCER: CASE SERIES

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Introduction/Background Endometrial cancer is a common malignancy affecting women worldwide, and in some cases, surgical resection may be challenging due to its advanced stage. Historically, these cases were managed palliatively but, even if there is still a paucity of literature about this topic, chemoradiotherapy has emerged as an effective treatment option lately. The aim of this case series is to provide clinicians and researchers with a comprehensive understanding of the role of this approach in the management of unresectable endometrial cancer.

Methodology We retrospectively reviewed 5 patients diagnosed with FIGO stage IIIIB-VA endometrial cancer in our institution, treated between 2020 and 2022. They completed treatment with Intensity-Modulated Radiation Therapy (IMRT) (dose 48.6 Gy in 1.8 Gy fractions given on 5 days per week) given with concurrent chemotherapy (consisting of two cycles of cisplatin 50 mg/m2 during radiotherapy, followed by four cycles of carboplatin AUC5 and paclitaxel 175 mg/m2). They were then reevaluated with MRI and stratified to receive definite high dose rate (HDR) brachytherapy or surgery. Progression-free survival (PFS), local control (LC), overall survival (OS), and grade ≥3 toxicities were reported.

Results Median age was 51 (range: 42–78) with median follow-up being 11 months (range: 5–24). Four patients were downstaged and received surgery followed by intracavitary HDR brachytherapy, while 1 of them did not show any radiological response and received intrauterine HDR brachytherapy. The actuarial 1-year LC, PFS and OS were 90%, 80%, and 100%. There were no acute grade ≥3 toxicities. There were 2 late grade ≥3 toxicities due to urinary toxicity and gastrointestinal side effects.

Conclusion The combination of radiotherapy and chemotherapy is a safe treatment option for women with locally extensive unresectable endometrial cancer, with favorable local