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
control and limited toxicity in 5 patients treated with this approach. Further studies are needed to optimize this treatment modality.

Disclosures The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication.

**Abstracts**

**#325 IMPACT OF EPIDURAL ANAESTHESIA ON THE OUTCOME OF ELDERLY WOMEN WITH ENDOMETRIAL CANCER – RESULTS OF A RETROSPECTIVE COHORT STUDY**

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**Introduction/Background** Epidural anaesthesia is a standard procedure to mitigate pain during endometrial cancer (EC) surgery. Little data exist about the influence of epidural anaesthesia on the oncological outcome in elderly patients with EC. This retrospective study aims to investigate potential correlations between epidural anaesthesia and cancer recurrence in patients with EC.

**Methodology** We screened the archives of patients treated surgically for EC at the University Medical Centre Mainz between January 2008 and December 2019. All women underwent general anaesthesia (GA) alone or combined with epidural anaesthesia (EGA). Cox regression as well as the Kaplan-Meier method were used to analyse the prognostic influence of this aesthetical technique on survival.

**Results** A total of 152 women with EC were included. 29 patients (19.1%) formed the EGA cohort. The median time of follow-up was 31 months (interquartile range (IQR): 8–67.5). 26 patients (17.1%) developed recurrence in the follow-up (FU) at a median of 13 months (IQR: 7.75–29.5). 32 patients died during FU (21.1%). The EGA cohort showed higher FIGO-stages and a higher histological grading than the GA cohort. Regarding anaesthesiologic scores, such as the Charlson Comorbidity Index and the ASA Physical Status Classification System, no differences were recorded between the two cohorts (p>0.05). EGA showed a significantly reduced 5-year recurrence-free survival (RFS) (36.5% vs. 72.6%, p<0.001) and overall survival (OS) (58.6% vs. 79.9%, p=0.008). However, in multivariate cox regression analysis including FIGO stages and the histological grading, EGA was not associated with improved or decreased RFS (HR: 1.89, 95%-CI [0.90–3.98], p=0.093), nor with OS (HR: 1.22, 95%-CI [0.51–2.92], p=0.649).

**Conclusion** Though in our heterogeneous cohort EGA showed a decreased 5-year RFS and OS in elderly patients with standardized EC surgery, this effect could not be reproduced in multivariate analysis considering tumour characteristics. Prospective randomized trials are warranted.

**Disclosures** The authors have no conflicts of interest to declare that are relevant to the content of this article.

**#328 FREQUENCY AND PATTERN OF RELAPSE FOLLOWING ADJUVANT PELVIC RADIOTHERAPY OR VAGINAL BRACHYTHERAPY FOR HIGH-INTERMEDIATE RISK ENDOMETRIOID ENDOMETRIAL CANCER**

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**Introduction/Background** Management of endometrial cancer consists of surgery followed by tailored adjuvant therapy but there is a risk of pelvic and/or systemic recurrence. Here, we evaluated clinical/pathological features in addition to frequency and site of first relapse in patients with ESGO/ESTRO/ESP High-Intermediate Risk (HIR) endometrioid endometrial cancer who received adjuvant external beam radiotherapy (EBRT) to the pelvis or vaginal brachytherapy (VBT) (+ chemotherapy).

**Methodology** The central radiotherapy prescribing system at our institution was interrogated to identify patients who commenced adjuvant pelvic EBRT (4500cGy/25#) or VBT (2100cGy/3#) for Stage I/I endometrial cancer, 1st January 2017 to 31st December 2019. Risk stratification was performed retrospectively; only those with HIR endometrioid endometrial cancer were included. Clinical follow up was conducted 3–6 monthly until 5 years had elapsed or death occurred (data lock 31st December 2022). Imaging was requested if recurrence was suspected.

**Results** In total, 173 patients were identified (EBRT, n= 73 and VBT, n=100). Patient demographics and clinical/pathological features are illustrated in table 1. Median follow up was 33 months (range 0–68). By study end, 9/73 (12.3%) patients had relapsed in the EBRT group and 17/100 (17%) in the VBT group. Pattern of relapse consisted of pelvis only (2/9), distant (4/9), and both (3/9) in the EBRT cohort compared with pelvis only (11/17), distant (1/17), and both (5/17) in the