

Results We included 216 women. Of these, 170 women had SLN mapping, PLD and PAA performed, and were included in the final accuracy analysis. 42/170 (24.7%) had nodal metastasis. In case of failed mapping, the algorithm with PLD only demonstrated a sensitivity of 88% (95% CI 74–96) and an NPV of 96% (95% CI 91–99). The sensitivity increased to 93% (81–99) and NPV 98% (95% CI 93–100) if PLD and PAA were performed in case of failed mapping. However, equal safety was demonstrated if PLD was performed in case of failed mapping, in combination with removal of any PET-positive lymph nodes: sensitivity 93% (95% CI 81–99), NPV 98% (95% CI 93–100).

Conclusion SLN mapping can be adopted as a safe staging procedure in women with high-risk EC if surgeons strictly adhere to a surgical algorithm in case of failed mapping. This includes either PLD and PAA if pre-operative PET/CT is not performed or PLD and removal of any FDG-positive lymph nodes.

Disclosures The authors have no conflicts of interest to declare.

#397 HLA -DR AS A NEW PREDICTORIAL BIOMARKER OF ENDOMETRIAL CANCER DEVELOPMENT

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Introduction/Background HLA expression is associated with inflammation, is found on the of tumor cells and is insufficiently studied in endometrial pathology.

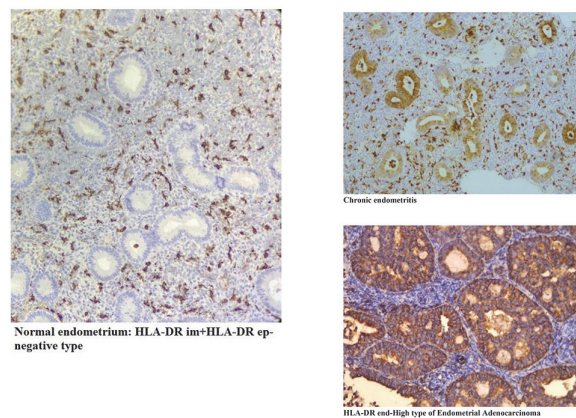
Purpose of the study: to determine the features of HLA-DR expression in the endometrium in normal, chronic endometritis, polyps, endometrial cancer.

Methodology HLA-DR expression in epithelium and stroma of 227 endometrial samples was assessed by immunohistochemistry: normal endometrium (NE, n=56), chronic endometritis (CE, n=139), endometrial polyps (EP, n=14), endometrioid endometrial adenocarcinoma (EA, n=18). The expression of HLA-DR on immune cells of stroma was designated as HLA-DR-im. The expression of HLA-DR in the epithelium was designated as HLA-DR-ep and divided into High expression (HLA-DRep+High - above 50% of the glands) and low (HLA-DRep-Low - less than 50%).

Results HLA-DR-im were observed in the stroma in all groups. HLA-DRep is heterogeneous in the endometrial epithelium. HLA-DRep negative expression was found in 55.6% of cases with AE; in 25.2% of cases with CE; in 27.7% with EP, in 100% of cases with NE ($p < 0.05$, Mann-Whitney test). HLA-DRep+High was found in 21.6% for HE; in 28.6% for EP and in 16.7% for AE, it is associated with a high amount of HLA-DRim in the stroma ($p < 0.05$ Mann Whitney) and significantly frequent detection of HLA-DR+ lymphoid follicles in AE ($x2$, $p < 0.05$). HLA-DRep+Low is set to 51.8% at HE; in 27.8% with PE and in 27.7% of cases with AE and low content of HLA-DRim in stroma ($p > 0.05$, Mann-Whitney test)

Conclusion Were identified two main types of HLA-DR expression in AE: HLA-DRep- and HLA-DRep+ (High and Low). We hypothesized that the HLA-DR expression of endometrial cancer cells associated with chronic inflammation and

probably reflects a special mechanism of carcinogenesis which requires further complex molecular genetic research. HLA-DR expression in endometrial epithelial cells of chronic endometritis is a high risk factor for cancer.



Abstract #397 Figure 1 Normal endometrium: HLA-DR im+HLA-DR ep-negative type, Chronic endometritis: HLA-DR ep+ High and HLA-DR ep+High type of Endometrial Adenocarcinoma

Disclosures The authors declare no conflict of interest.

#398 CONCORDANCE BETWEEN INTRACERVICAL AND FUNDAL INJECTIONS FOR SENTINEL NODE MAPPING IN PATIENTS WITH ENDOMETRIAL CANCER? A STUDY USING INTRACERVICAL RADIOTRACER AND FUNDAL BLUE DYE INJECTIONS

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Introduction/Background A major controversy in sentinel node (SN) biopsy of endometrial cancer is the injection site of mapping material. We compared lymphatic drainage pathways of the uterine cervix and uterine body in the same patients by head-to-head comparison of intracervical radiotracer and fundal blue dye injections.

Methodology All patients with pathologically proven endometrial cancer were included. Each patient received 2 intracervical injections of ^{99m}Tc-phytate. At the time of laparotomy, the uterus was exposed, and each patient was injected with 2 aliquots of patent blue V (2 mL each) in the subserosal fundal midline locations. The anatomical locations of all hot, blue, or hot/blue SNs were recorded.

Results Overall, 45 patients entered the study. At least 1 SN could be identified in 75 of 90 hemipelvs (83.3% overall detection rate, 82.2% for radiotracer [intracervical] alone, and 81.1% for blue dye [fundal] alone). In 71 hemipelvs, SNs were identified with both blue dye (fundal) and radiotracer (intracervical) injections. In 69 of these 71 hemipelvs, at least 1 blue/hot SN could be identified (97.18% concordance rate). In 10 patients, para-aortic SNs were identified. All of these nodes were identified by fundal blue dye injection, and only 2 were hot.

Conclusion Our study shows that lymphatic drainage to the pelvic area from the uterine corpus matches the lymphatic pathways from the cervix, and both intracervical and fundal

injections of SN mapping materials go to the same pelvic SNs.

Disclosures none

#400

SENSITIVITY AND SPECIFICITY OF SENTINEL LYMPH NODE BIOPSY IN PREDICTING LYMPH NODE METASTASIS IN ENDOMETRIAL CARCINOMA

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Introduction/Background Background Gynecological cancers are one of the most common cancers worldwide and one of the most common cause of death in women. SENTIENDO SHREC and FIRES trial prove that Sentinel lymph-node biopsy in endometrial cancers is valid option and validated procedure and it is an alternative to routine systematic pelvic and para aortic Lymphadenectomy and there by it also reduces the chances of complications of lymphadenectomy like lymphorrhoea, lymphocyst and lymphedema.

Aims and objective To assess the successful mapping, sensitivity and specificity of the sentinel node biopsy in predicting lymph node metastasis in endometrial cancer

Methodology It is a prospective observational study of 2 years done In AHPGIC. Patients with endometrial cancer was attended at OPD and included by inclusion and exclusion criteria. All the included patients underwent sentinel node procedure by ICG only and strictly adhered to MSKCC protocol. All the patients also underwent routine systematic lymphadenectomy as indicated. Both the sentinel node biopsy and routine lymph node biopsy was to be examined by pathology without the help of ultrastaging to analyse the sensitivity and specificity of the sentinel node biopsy and validation of the sentinel node technique



Abstract #400 Figure 1 Sentinel node identified in Near infrared fluoroscopic camera after ICG dye

Results Result Total 27 ca endometrium cases were included. successful mapping was seen in 92.5% cases and bilateral mapping in 78% cases. Sensitivity, specificity and NPV were 83%, 100%, 95.4% respectively . Most common nodes identified as sentinel nodes were external illiac and obturator node.

Conclusion Conclusion sentinel lymph node analysis in ca endometrium is a safe and effective procedure. The technique is now validated in our institute

Disclosures This study has no conflict of interest from any author. No funds were required separately for this study.

#401

MAGNETIC RESONANCE IMAGING -RADIOMICS IN ENDOMETRIAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction/Background Endometrial carcinoma is the most common gynecological tumor in developed countries. Clinical-pathological factors and molecular sub-types are used to stratify the risk of recurrence and to tailor adjuvant treatment. The main limitation of molecular and clinicopathological prognostic factors is the need of post-operative surgical specimens, obtained through comprehensive surgical staging. Since preoperative endometrial sampling performed for tumor diagnosis represents the collection of only a portion of the whole tumor, it may result in sampling errors. The present study aims to assess the role of radiomics analysis in preoperatively predicting molecular or clinical-pathological prognostic factors in patients with endometrial carcinoma.

Methodology Literature was searched for manuscripts reporting radiomics analysis in assessing diagnostic performance of Magnetic Resonance Imaging (MRI) for different outcomes. Diagnostic accuracy performance of risk prediction models was pooled using the metandi command in Stata.

Results A search of MEDLINE (PubMed) resulted in 153 relevant articles. Fifteen articles met inclusion criteria, for a total of 3608 patients. MRI showed pooled sensitivity and specificity 0.785 and 0.814, respectively in predicting high grade endometrial carcinoma, deep myometrial invasion (pooled sensitivity and specificity 0.743 and 0.816, respectively), lymphovascular space invasion (pooled sensitivity and specificity 0.656 and 0.753, respectively), nodal metastasis (pooled sensitivity and specificity 0.831 and 0.736, respectively).

Conclusion Preoperative MRI-radiomics analyses in patients with endometrial carcinoma is a good predictor of tumor grading, deep myometrial invasion, lymphovascular space invasion, and nodal metastasis.

Disclosures there are no conflicts of interest

#403

THE IMPACT OF A PREHABILITATION AND ENHANCED RECOVERY AFTER SURGERY (ERAS) PROGRAM ON PATIENTS UNDERGOING SURGERY FOR ENDOMETRIAL CANCER

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Introduction/Background Enhanced recovery after surgery (ERAS) and prehabilitation programs are multidisciplinary care pathways that aim to optimize patients' physical fitness prior to surgery and mitigate the detrimental effects of surgical stress, in order to improve recovery after surgery. This study aimed to assess the impact of introducing a prehabilitation