Conclusion In this retrospective series, nodal staging had limited impact on definition of HR class and on the choice of adjuvant treatment in the HIR class.

Disclosures The authors declare that they have no known competing financial interest or personal relationships that could have appeared to influence the work reported in this paper. No specific funding was obtained for this study.

Introduction/Background Sentinel lymph node (SLN) mapping is recommended for lymph node staging in uterine confined endometrial cancer. The index study is one of the first in India to compare two types of injection techniques for SLN mapping: Combined fundal ICG + cervical Tc99m versus cervical Tc99m.

Methodology Prospective comparative interventional study was conducted in VPS Lakeshore Hospital, Kerala from April 2021 to December 2022. 60 patients with uterine confined endometrioid carcinoma endometrium were allocated to group A which underwent combined fundal ICG + cervical Tc99m (n=30) and group B which underwent cervical Tc99m (n=30). Primary outcome was sentinel node detection rate. Secondary outcomes were sensitivity, specificity, positive predictive value, negative predictive value and correlation of risk factors for a positive sentinel node. Data was assessed using Statistical Package for Social Sciences (SPSS) version 21.0.

Results Overall sentinel node detection rate was 100% in both groups. Bilateral sentinel node detection was better in group A than group B: 93.33% vs 73.33% (p = 0.08). Paraaortic sentinel detection rate was significantly better in group A (30%) than group B (3.33%) (p=0.012). SLN metastasis were diagnosed in 3/60 patients (5%). The significant risk factors for SLN metastasis on univariate analysis were LVS (p=0.005), LUS involvement (0.002) and cervical stromal invasion (p=0.01). On multivariate analysis these risk factors were LVSI (p=0.005), LUS involvement (0.002) and cervical stromal invasion (p=0.01). The significant risk factors for SLN metastasis on univariate analysis were LVS (p=0.005), LUS involvement (0.002) and cervical stromal invasion (p=0.01). On multivariate analysis these risk factors were LVSI (p=0.005), LUS involvement (0.002) and cervical stromal invasion (p=0.01).
Table showing the comparative analysis between group A (fundal ICG+ cervical Tc99m) and group B (cervical Tc99m)

**Conclusion**

Combined fundal ICG plus cervical Tc99m has better bilateral pelvic and paraaortic SLN detection rates. Risk factors for SLN metastasis on univariate analysis were LVSI, LUS involvement and cervical stromal invasion. However, multivariate analysis showed no significance.

**Disclosures**

There is no conflict of interests between the authors.

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**Abstract #581**

**COMPARISON OF THE ONCOLOGICAL OUTCOMES BETWEEN OPEN AND MINIMALLY INVASIVE SURGERY FOR NON-ENDOMETRIOID ENDOMETRIAL CANCER PATIENTS WITH HIGH- AND INTERMEDIATE-RISKS: A RETROSPECTIVE COHORT STUDY**

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10.1136/ijgc-2023-ESGO.350

**Introduction/Background**

Non-endometrioid endometrial carcinomas (NEEC) are rare and have poor prognoses. This study aimed to compare the outcomes between open and minimally invasive surgery (MIS) surgery procedures in a cohort of NEEC patients with different prognostic risks based on the risk classification guideline of 2020 ESGO-ESTRO-ESP.

**Methodology**

A retrospective cohort study was conducted of high- and intermediate-risk NEEC patients with surgery treatment at Fujian University Cancer Hospital between January 2011 and January 2018. All cases underwent either open or MIS procedures. OS and DFS were compared between the groups. A nomogram integrating factors, including surgical approaches, LVSI, and adjuvant therapy, was constructed to predict the recurrence probability.

**Results**

There were 31 patients in the MIS group and 68 in the open surgery group. The two groups were comparable in age, body mass index, comorbidity, histologic subtype, and FIGO stage. The MIS group reported ten recurrent cases (1 vaginal, 2 lymph nodes, and 7 distant metastasis). In contrast, seven cases occurred in the open group (1 vaginal, 3 lymph nodes, 1 pelvis, and 2 distant metastasis). The two groups’ high- and intermediate-risk patients showed similar OS (high-risk subgroup’s P=0.275; intermediate-risk subgroup’s P=0.201). However, subgroup analysis showed MIS group displayed poorer DFS in high-risk patients (P=0.001). Multivariate analyses identified besides LVSI, the surgical approach was an independent poor prognostic factor for DFS in high-risk patients (P=0.037, 95%CI: 1.062-7.409). Moreover, the nomogram had a good predictive performance with a 0.855 AUC value.

**Conclusion**

To our knowledge, our study is the first to investigate different surgical approaches’ roles on NEEC patients based on the new risk classification of ESGO-ESTRO-ESP. Despite possible clinical benefits, MIS should be carefully used for high-risk NEEC patients.

**Disclosures**

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Abstracts

**Figure 1**

Patient selection. Fig 2 Overall survival in different prognostic risk groups. (A) Overall survival in intermediate-risk group. (B) Overall survival in high-risk group.

**Figure 2**

Overall survival in different prognostic risk groups. (A) Overall survival in intermediate-risk group. (B) Overall survival in high-risk group.

**Figure 3**

Disease free survival in different prognostic risk groups. (A) Disease free survival in intermediate-risk group. (B) Disease free survival in high-risk group.