THE ROLE OF OFFICE HYSTEROSCOPY IN SYMPTOMATIC OR ASYMPTOMATIC PATIENTS IN THE POSTMENOPAUSAL PERIOD

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10.1136/ijgc-2023-ESGO.366

Introduction/Background The role of office hysteroscopy in symptomatic or asymptomatic patients in the postmenopausal period

Methodology This retrospective document study comprised 347 patients who had undergone office hysteroscopy and endometrial biopsy in our hospital since 2015. Age, BMI, presence of symptoms, endometrial thickness in sonographic evaluation, and histological diagnosis were analyzed. The study population was divided into five groups based on their histological diagnoses: benign/physiological endometrium (group A), endometrial polyp (group B), endometrial hyperplasia or intraepithelial neoplasia (EIN) (group C), endometrioid carcinoma (group D) and non-endometrioid carcinoma (group E).

Results A total of 347 patients underwent office hysteroscopy and endometrial biopsy (77 symptomatic, 270 postmenopausal bleeding). The median age of the patients was 54, and the mean BMI was 29.8 kg/m². The distribution of patients was n=157 (45.2%) Group A, n=155 (44.7%) Group B, n=14 (4%) Group C, n=17 (%4.9) Group D, n=4 (%6.1) Group E patients. Endometrial thickness was increasing from Group A to Group E. The mean endometrial thickness is 9.2 mm, 10.4 mm, 13.8 mm, 14.4 mm, 16.2 mm, respectively.

Cancer was detected in 20 (7.3%) of 271 patients with postmenopausal bleeding. Cancer was detected in only one of the asymptomatic patients. Endometrial cancer was present in 5.6% of the patients with postmenopausal polyps.

When the endometrial thickness threshold was 10 mm, 7/35 (20%) patients could not be diagnosed with cancer. When the endometrial thickness threshold was 20 mm, this figure increased to 25/35 (71.4%).

Conclusion Postmenopausal bleeding is a condition that needs attention due to the risk of endometrial cancer. In asymptomatic patients, if there is no obvious focal lesion, office hysteroscopy may not be performed.

Disclosures Office hysteroscopy is a very effective ‘see and treat’ method in patients with postmenopausal bleeding. As the endometrial thickness increases in the postmenopausal period, the risk of endometrial cancer also increases considerably.

IMPROVING THE SENTINEL NODE ITSELF. ONE-STEP NUCLEIC ACID AMPLIFICATION (OSNA) OF SENTINEL LYMPH NODE IN EARLY-STAGE ENDOMETRIAL CANCER: SPANISH MULTICENTER STUDY (ENDO-OSNA)

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10.1136/ijgc-2023-ESGO.367

Introduction/Background One-step nucleic acid amplification (OSNA) is an automated molecular diagnostic assay used to detect metastases by analyzing the levels of cytokeratin 19 mRNA in whole lymph nodes. It has been validated as an accurate and reliable tool for staging in several types of cancers and is included in the National Institute for Health and Care Excellence guidelines for the management of breast cancer. The objective of this study was to evaluate the efficacy of OSNA for the detection of sentinel lymph node (SLN) metastasis compared to standard pathological ultrastaging in patients with early-stage endometrial cancer (EC).

Methodology A total of 526 SLNs from 191 patients with EC were included in the study, and 379 SLNs (147 patients) were evaluated by both methods, OSNA and standard pathological ultrastaging. The central 1 mm portion of each lymph node was subjected to semi-serial sectioning at 200 mm intervals and examined by hematoxylin–eosin and immunohistochemistry with CK19; the remaining tissue was analyzed by OSNA for CK19 mRNA.

Results The OSNA assay detected metastases in 19.7% of patients (14.9% micrometastasis and 4.8% macrometastasis), whereas pathological ultrastaging detected metastasis in 8.8% of patients (3.4% micrometastasis and 5.4% macrometastasis). Using the established cut-off value for detecting SLN metastasis by OSNA in EC (250 copies/L), the sensitivity of the OSNA assay was 92%, specificity was 82%, diagnostic accuracy was 83%, and the negative predictive value was 99%. Discordant results between both methods were recorded in 20 patients (13.6%). OSNA resulted in an upstaging in 12 patients (8.2%).

Conclusion OSNA provides fast and reliable results and has already been successfully incorporated in the standard treatment guidelines for other tumors. In EC, the OSNA method shows higher sensitivity, specificity, and diagnostic accuracy in the detection of SLN metastasis, including low-volume metastasis, compared to pathological ultrastaging.

Abstract #697 Figure 1

Disclosures The authors declare no conflict of interest regarding this study.

ENDO-OSNA was funded by a grant from Sysmex España S.L.

The funder had no role in the design of the study; in the analyses, or interpretation of data; in the writing of the