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 asymptomatic, 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 (%1.2) 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 foetal 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)

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 µm 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.

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
manuscript, or in the decision to publish the results; but provided support for data collection.

ROC curve showing the OSNA assay vs. pathological ultrastaging for the detection of SLN metastasis in endometrial cancer.

**#698**

**DIAGNOSIS OF ENDOMETRIAL CARCINOMA THROUGH CORNIER CANNULA AT RAMON Y CAJAL HOSPITAL IN 2021–2022**

1Elena Cabezas López*, 1Francisco De Asis Campillo Sánchez, 1Irene Pelayo Delgado, 1Javier Sancho Saúco, 1Carmen Martín Blanco, 1Enrique Moratalla Bartolomé, 1Concepción Sánchez Martínez, 1Carmen Martín Gromaz, 1Virginia Corraliza Galán, 1Belén Pérez Mies, 1Irene López Carrasco, 1Jesús Lázaro Carrasco. 1Ramon y Cajal University Hospital, Madrid, Spain; 2HM Hospitales, Madrid, Spain

10.1136/ijgc-2023-ESGO.368

**Introduction/Background** Endometrial carcinoma is the most common gynecological tumor and its prevalence has increased in recent years. The definitive diagnosis is made through histopathological study, usually obtained through endometrial biopsy, and sometimes through hysteroscopy, which is the gold standard for diagnosing endometrial carcinoma.

**Methodology** A retrospective analysis was conducted on patients who underwent endometrial cancer surgery at our center between 2021 and 2022. The diagnostic methods used in these patients, the results of endometrial biopsy, and the need for hysteroscopy were evaluated.

**Results** A total of 60 patients underwent surgery at our center between 2021 and 2022. Among them, 42 patients were diagnosed with endometrial carcinoma through Cornier cannula. In 11 cases, hysteroscopy was performed directly due to the inability to obtain endometrial biopsy samples through aspiration due to lack of access, cervical stenosis, or patient discomfort. In 4 cases, the Cornier sample was insufficient, so hysteroscopy was performed, which diagnosed endometrial adenocarcinoma. In 3 cases, the biopsy results were normal, and the definitive diagnosis was made through hysteroscopy. In all cases, hysteroscopy revealed a suspicious formation of endometrial neoplasia.

**Conclusion** Endometrial biopsy is a simple test that can be performed in the clinic when there is a diagnostic suspicion of endometrial carcinoma. In some cases, it may not be feasible, and in others, if the biopsy is unsatisfactory or negative, hysteroscopy should be performed, which is the gold standard for diagnosing endometrial cancer. The false-negative rate of endometrial biopsy in our center was 6.66%, and in all cases, hysteroscopy was performed due to clinical suspicion.

**Disclosures** No conflicts of interest.

**#704**

**THREE-DIMENSIONAL ANATOMICAL MODEL SUPPORTING LAPAROSCOPIC PELVIC LYMPHADENECTOMY IN OBESE ENDOMETRIAL CANCER PATIENTS: A CASE-CONTROL STUDY**

1Emanuele Arturo Fera*, 1Federica Perelli, 1Marco Giusi, 2Stefano Restaino, 3Giuseppe Vizzelli, 4Anna Franca Cavaliere, 5Giovanni Scambia, 6Alberto Mattei, 7Silvia Pisaneschi, 8Aldo Altonare, 9Silvia Sozzani, 10Barbara Grilli Leonulli, 11Luisa Fioretto, 12Francesca Martella, 13Eleonora Minacci, 14Carlo Raggi, 15Sheila Rapanà, 16Vittorio Pavoni, 17Duccio Conti, 18Francesco Scaramuzzino. 1Santa Maria Annunziata Hospital, Florence, Italy; 2Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy; 3University Hospital of Udine, Udine, Italy; 4Fatebenefratelli Isola Tiberina Gemelli Hospital, Roma, Italy; 5Policlinico A. Gemelli, Università cattolica del Sacro Cuore, Roma, Italy; 6Struttura Organizzativa Complessa (SOC) Radioterapia Oncologica, Ospedale Santa Maria Annunziata, Firenze, Firenze, Italy; 7Unit of Medical Oncology, Department of Oncology, S. Maria Annunziata Hospital, Firenze, Firenze, Italy; 8Unit of Anesthesia e Rianimazione, Santa Maria Annunziata Hospital, Firenze, Firenze, Italy; 9Unit of Human Pathology and Oncology, USL Toscana Centro, Firenze, Italy

10.1136/ijgc-2023-ESGO.369

**Introduction/Background** In early stages endometrial cancer (EC) patients, the standard surgical approach is hysterectomy and bilateral salpingo-oophorectomy, with pelvic lymphadenectomy or with sentinel lymph node staging, based on clinical and molecular risk factors.

The role of 3D imaging reconstruction is currently under debate.

The aim of this research is to assess the clinical value of a 3D imaging reconstruction model of pelvic lymph nodes to be used simultaneously in the operating room to identify lymphatic tissue in obese patients.

**Abstract #704 Figure 1**