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

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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

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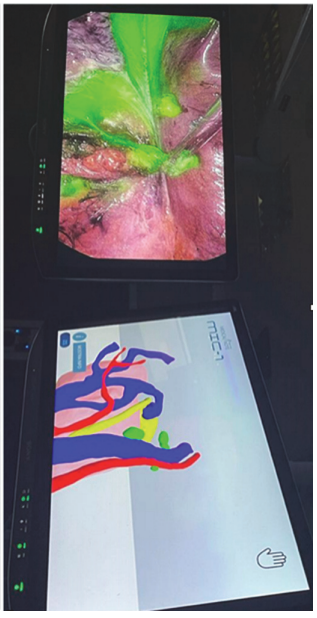
10.1136/ijgc-2023-ESGO.369

Introduction/Background In early stages endometrial cancer (EC) patients, the standard surgical approach is hysterectomy and bilateral salpingoophorectomy, 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 lymphnodes to be used simultaneously in the operating room to identify lymphatic tissue in obese patients.

	Real 3D-MIC group (n=13)	Control group (n=11)	P value
FIGO stage Advanced Local Atypical Hyperplasia	 4 (31%) 7 (54%) 2 (15%)	 1 (9%) 9 (82%) 1 (9%)	0.80
Grading High Low	 3 (23%) 10 (77%)	 1 (9%) 10 (91%)	0.36
Hystotype Endometrioid Non-endometrioid Mixed	 10 (77%) 2 (15%) 1 (8%)	 10 (90%) 0 (0%) 1 (10%)	0.36
Myometrial invasion	0-85% (median 35%)	0-100% (median 40%)	0.51
MMR status Stability Instability	 6 (46%) 5 (38%)	 0 (0%) 1 (9%)	---
LVSI Yes No	 7 (54%) 4 (31%)	 4 (36%) 6 (54%)	0.92
Lymphatic tissue confirmed at pathologic evaluation	11 (85%)	5 (45%)	0.06
Sentinel lymphnodes removed	0-7 (median 2)	0-5 (median 2=	0.39
Consistency virtual reconstruction – surgical reality	11 (85%)	---	---



Abstract #704 Figure 1