with micrometastasis resulting in a negative predictive value of 98.8%.

**Conclusion** Carbon dye was an easy-to-use, cheap, and effective agent for SLNB with satisfying specificity and sensitivity rates. Carbon dye may be a promising tracer without the need for expensive and complex equipment & procedures, particularly for low-income countries. We will soon report a similar study comparing the results of carbon dye and ICG during SLNB in endometrial cancer patients.

**Disclosures** we declared that we have no conflict of interest.

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**#959** PREDICTION NOMOGRAM FOR AORTIC INVOLVEMENT IN ENDOMETRIAL CANCER

Julene Saornil Herro*, Aitor Muñoz, Mikel Gorostidi, Iziar Gonzalez, Marina Matute, Ruben Ruiz, Juan Cespedes, Ibon Jaunarena, Paloma Cobas, Arantxa Lekuona. Donostia University Hospital, Donosti, Spain.

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**Introduction/Background** Current clinical guidelines lack algorithms for surgical nodal staging of the aortic area in endometrial cancer (EC). Although isolated aortic involvement in EC is low, it is influenced by the overall risk of nodal metastasis in EC, which is itself low (<10%). In selected groups, the incidence of aortic involvement is higher, and in any case, it represents approximately the 25%. Moreover, more than half of the cases with pelvic nodal involvement also have aortic involvement, necessitating modification of irradiation fields in most centers, which is often underestimated with imaging techniques. The aim of this study is to create a predictive model of aortic involvement for performing GC based on pre-operative risk factors.

**Methodology** Retrospectively, 376 women who underwent surgical intervention for EC at Donostia University Hospital between August 2014 and July 2022 were identified. Logistic regression was used to develop a prediction model for aortic lymph node involvement, considering the low frequency of such involvement in EC. A reduced number of variables were specified a priori to minimize overfitting and prediction errors while ensuring clinical applicability.

**Results** Among the 376 patients, 25 (6.65%) were found to have aortic lymph node metastasis. In the univariate analysis, all potential predictors were more prevalent among women with aortic lymph node involvement and exhibited statistically significant associations, except for non-endometrioid histology with tumour extension beyond the uterine corpus, which showed the strongest association with positive aortic lymph nodes. In the multivariable logistic regression model, this positive association persisted, but with greater uncertainty, so only extension beyond the uterine corpus retained its statistical significance.

**Conclusion** The nomogram developed in this study could be used to estimate the risk of aortic lymph node involvement in endometrial cancer and may be useful in decision-making regarding its management.

**Disclosures** No disclosures.

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**#960** MANAGEMENT OF OBTURATOR NERVE INJURY DURING LAPAROSCOPIC PELVIC LYMPHADENECTOMY

Murat Api, Ersa Keles*, Ugur Kemal Ozturk, Serkan Aksis. 1Department of Gynecologic Oncology, University of Health Sciences Turkey, Kartal Dr. Lütfi Kirdar City Hospital, 1 Istanbul, Turkey; 2Department of Gynecologic Oncology, University of Health Sciences Turkey, Zeynep Kamil Women and Children’s Diseases Training and Research Hospital, 1 Istanbul, Turkey.

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**Introduction/Background** To present prevalence of obturator nerve injury, quality of life measures, level sensory and motor dysfunction of adductor muscle and inner thigh area, disability in postoperative period and to discuss the effectiveness of conservative approach in patients whose unilateral obturator nerve injured inadvertently during laparoscopic pelvic lymphadenectomy in patients with gynecologic cancer.

**Methodology** Case series

**Results** Between 2019 and 2023 we performed 220 pelvic lymphadenectomy procedures. 136 cases (61.8%) were laparoscopies. In 9 cases obturator nerve was injured (0.04%). In 9 patients, the injury occurred during the laparoscopic lymphadenectomy due to an endometrial carcinoma, in which immediate endoscopic treatment was not proceeded. Despite this, the patients did not experience any sensitive or functional impairment following surgery or 12 months thereafter. In light of the fact that the patients did not exhibit any symptoms of nerve damage, we forgo the idea of treating the injured nerve immediately during surgery.

**Conclusion** Our case series demonstrated that inadvertent injury to the obturator nerve during laparoscopic gynecologic cancer surgeries is a rare complication and walking difficulty resulting from non-repair of these nerve injuries is negligible. Therefore we have forgo the idea of immediate nerve repair during laparoscopic lymphadenectomy.

**Disclosures** Authors have no potential conflict(s) of interest to report.

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**#961** CAN EVALUATION OF PREOPERATIVE NEUTROPHIL:LYMPHOCYTE RATIO BE USEFUL IN PREDICTION OF THE ADVANCED STAGES OF ENDOMETRIAL CANCER?: A SYSTEMIC LITERATURE REVIEW

Ewa Legutowska*, Janusz Menkiszak, Anita Monika Chudecka-Glaz. Department of Gynecological Surgery and Gynecological Oncology of Adults and Adolescents Pomeranian Medical University of Szczecin, Szczecin, Poland.

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**Introduction/Background** Neutrophil:lymphocyte ratio (NRL) is defined as the absolute neutrophil count divided by the absolute lymphocyte count. NRL reflects relationship between innate (neutrophils) and adaptive cellular immune response (lymphocytes) assessed during various pathological states including endometrial cancer. A normal range of