

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

#959 PREDICTION NOMOGRAM FOR AORTIC INVOLVEMENT IN ENDOMETRIAL CANCER

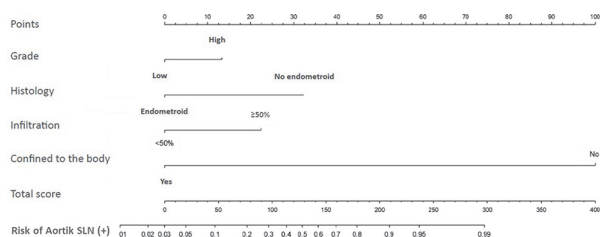
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Introduction/Background Current clinical guidelines lack algorithms for surgical nodal staging of the aortic area in endometrial cancer (EC). Although isolated aortic involvement in EC is low, it is influenced by the overall risk of nodal metastasis 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 preoperative 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.



Abstract #959 Figure 1

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.

#960 MANAGEMENT OF OBTURATOR NERVE INJURY DURING LAPAROSCOPIC PELVIC LYMPHADENECTOMY

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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.

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

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

NLR is between 1–2, the values higher than 3.0 in adults are pathological. NLR in a grey zone between 2–3 may serve as early warning of pathological processes such like malignancy.

Methodology A comprehensive literature search was performed on Pubmed's electronic database using searching the term 'neutrophil to lymphocyte ratio', 'endometrial cancer'. Clinical data from 2012 to 2023 were reviewed for studies in English language which assessed NLR as a prognostic factor for these patients. The date of last search was set at 10 January 2023. Inclusion criteria include studies assessing NRL of endometrial cancer patients finally treated by radical hysterectomy.

Results Literature search yielded fifteen retrospective studies assessing potential prognostic value of NLR. Seven studies were excluded from the present systemic review because they did not meet the inclusion criteria.

Nine studies were included finally in the systemic review. A total of 3162 patients were analyzed in these studies which were conducted in Europe and Asia. Blood NRL assessment was performed before surgical intervention. All histopathological types of endometrial cancer were included in these studies.

Seven out of nine studies showed that NLR was significantly raised among patients with endometrial cancer and found a significant association of higher NLR with advanced stages of endometrial cancer. On the contrary, two studies did not show significant correlation between higher NLR and advanced stages of endometrial cancer.

Conclusion NRL can be used as a tool in prediction of the advanced stages of endometrial cancer. Further prospective studies are needed to establish the exact value of NLR to predict advanced stages of endometrial cancer.

Disclosures No conflict of interest

#968

SENTINEL LYMPH NODE IMPACT ON THE QUALITY OF LIFE OF PATIENTS WITH ENDOMETRIAL CANCER

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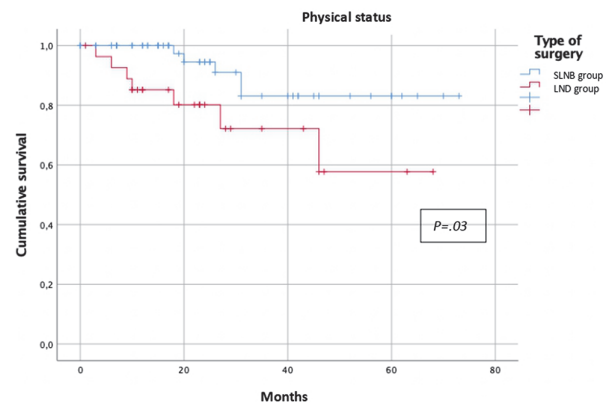
Introduction/Background Given the improvement in the surgical treatment of endometrial cancer with the inclusion of sentinel lymph node biopsy (SLNB), our aim was to evaluate the impact of this minimally invasive and tailored nodal assessment on patients' quality of life (QoL).

Methodology This was a cross-sectional study conducted in a single-centre, tertiary-level hospital. Patients diagnosed with preoperative early-stage endometrial cancer who underwent primary surgical treatment between August 2015 and November 2021 were included. The enrolled patients were divided into 2 cohorts according to the nodal staging performed: the first group underwent only SLNB (SLNB group); the second group underwent pelvic and/or para-aortic lymphadenectomy (LND group). We evaluated the overall QoL using the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life core 30-item questionnaire (EORTC QLQ-C30) and a sexual health questionnaire (EORTC SHQ-C20). The scores were compared between the groups.

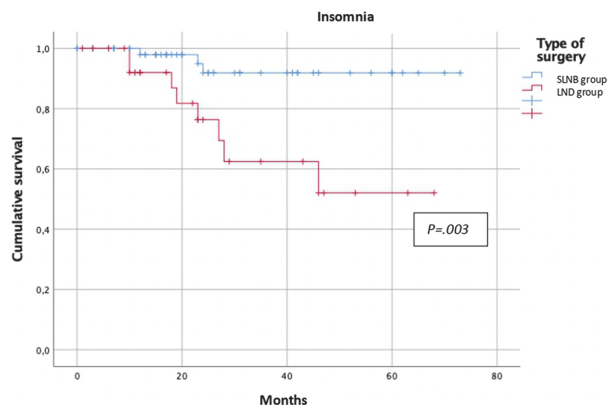
Results Ninety patients were enrolled in the study: 61 (67.8%) in the SLNB group and 29 (32.2%) in the LND group. In the LND group, 24 (82.7%) patients underwent pelvic and

para-aortic LND and 5 (17.3%) patients underwent pelvic LND. The assessment of the functional scales showed better results for the SLNB group than for the LND group, with a significantly lower impact on physical status (8.2% vs. 25%, respectively; $p=0.031$). In terms of the symptom scales, the SLNB group reported a significantly lower negative impact on sleep quality (4.9% vs. 27.6%, respectively; $p<0.01$), pain (1.6% vs. 13.8%, respectively; $p=0.019$), and dyspnoea (0% vs. 10.3%, respectively; $p=0.011$) than the LND group. The SLNB group had better results for all analysed items regarding sexual QoL.

Conclusion The implementation of a surgical technique with SLNB improved patients' overall QoL by increasing their well-being in the functional and symptom spheres.



Abstract #968 Figure 1 Physical status according to nodal staging.



Abstract #968 Figure 2 Sleep quality according to nodal staging.

Disclosures No disclosures

#970

DIAGNOSTIC AND PROGNOSTIC ROLE OF ONCOMETABOLITES IN ENDOMETRIAL CANCER: A PILOT STUDY

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