

Disclosures Nomogram for the prediction of aortic sentinel node involvement in women with endometrial cancer. Instructions: Locate the tumor grade determined by preoperative biopsy 'Grade' axis. Draw a straight line up to the 'Points' axis to determine how many points toward the probability of positive sentinel aortic nodes the patient receives for her tumor grade. Repeat the process for each variable. Sum the points obtained for each of the predictors. Locate the final sum on the 'Total Score' axis. Draw a straight line down to find the patient's probability of having positive aortic nodes.

#1074 LOMBO-AORTIC LYMPHADENECTOMY IN ENDOMETRIAL CANCER: HISTOLOGICAL AND THERAPEUTIC EVALUATION

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10.1136/ijgc-2023-ESGO.412

Introduction/Background Accurate staging is crucial in endometrial cancer management, particularly for lombo-aortic lymph node involvement. The therapeutic role of lombo-aortic lymphadenectomy remains controversial. This study evaluates its outcomes and current position in endometrial cancer treatment.

Methodology A retrospective study included 50 endometrial cancer patients who underwent surgery with complete pelvic and lombo-aortic lymphadenectomy at a Tunisian medical center.

Results Patients had a mean age of 54 years. All cases underwent complete pelvic and lombo-aortic lymphadenectomy, with average lymph node retrieval of 20.6 in the pelvic region and 21.93 in the lombo-aortic region. Lombo-aortic lymph node involvement was observed in 13 patients (26%), with an average of 8.12 involved nodes. Skip metastasis occurred in 4 patients with negative pelvic lymphadenectomy (8%). Various lymph node regions were affected, primarily inter-aortico-caval, peri-aortic, and peri-caval regions.

Histological type 2 showed higher lombo-aortic lymph node involvement (33.33%) compared to type 1 (22.22%). Lymph node involvement was more common in higher histological grades (2–3), with rates of 47.36% for grade 2–3 tumors and 18.18% for grade 1 tumors. Among patients with myometrial infiltration exceeding 50%, 44.4% had positive lombo-aortic lymphadenectomy, compared to 30% in tumors with infiltration below 50%. Lombo-aortic lymphadenectomy resulted in upstaging of three tumors from initial stages IB, II, and IIIA to stage IIIC, while three tumors initially classified as stage IIIC were downgraded.

Conclusion The role of lombo-aortic lymphadenectomy in endometrial cancer management is better understood. Clear indications exist for its use in most cases. Performing lombo-aortic lymphadenectomy requires technical mastery and quality control.

Disclosures The information presented in this study is based on retrospective data and should be interpreted with caution. The findings and conclusions are specific to the study population and may not be generalizable to all cases of endometrial cancer.

#1079 VALUE OF THE INTRAOPERATIVE STUDY OF THE SENTINEL NODE USING THE OSNA TECHNIQUE IN ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.413

Introduction/Background The Sentinel Node technique allows knowing the lymph node status in the endometrial cancer (EC) and higher detection rates. However, in cases of non-detection, a lymphadenectomy is required to determine its lymph node status.

The intraoperative study by freezing has a low sensitivity (60%). However, the OSNA technique can be performed intraoperatively, constitutes a definitive diagnosis of lymph node status and has already been validated in Gynecology.

Our objective is to present an algorithm that makes it possible to minimize the need for lymphadenectomy in patients with nodal areas not detected on EC.

Methodology 116 patients with SLNB in EC have been retrospectively analyzed (from January 1, 2021 to January 31, 2023).

Patients are stratified according to preoperative risk, including the molecular profile of the tumor.

All patients undergoing surgery for EC require a prior biopsy that specifies the type and histological grade of the tumor, and molecular profile, including CK19.

Intraoperative study is performed only in those patients with CK19(+), 56% of the sample.

If the aortic or pelvic OSNA study were negative and there was no detection in an area, lymphadenectomy would be required in that area. Otherwise, if it were positive, its execution would be omitted.

Results In 9 high or intermediate risk patients there was no bilateral pelvic detection, and they underwent the OSNA IO technique.

8 low-risk patients without bilateral pelvic detection had aortic detection in 6 of them. OSNA technique could also be performed on them selectively.

12.9% of the series could benefit from knowing the lymph node status, of which the OSNA IO technique could be performed in 56%.

Conclusion Carrying out an intraoperative study of the sentinel node is interesting to minimize the number of lymphadenectomies to be performed in the EC.

| | IA (<50%) | IB (>50%) | II, III y Tipo II |
|----------------------------------|---------------------|---|--|
| G1/G2 | LOW RISK | INTERMEDIATE RISK | HIGH RISK |
| G3 | INTERMEDIATE RISK | HIGH RISK | HIGH RISK |
| Clasificación molecular conocida | LOW RISK POLEmut | INTERMEDIATE RISK p53abn without myometrial infiltration | HIGH RISK p53abn with myometrial infiltration |

Abstract #1079 Figure 1 Classic preoperative risk groups in endometrial cancer. If known molecular profile POLE(+) confined to the uterus, corresponds to low risk. p53abn would be intermediate risk if it does not infiltrate myometrial, and high risk if it infiltrates myometrium.

Disclosures OSNA technique can be performed intraoperatively in endometrial cancer.