Results Fifty-six patients were included. Patients’ characteristics are showed in table 1. Vascularization was considered optimal (+++) in right ureter in 29 (51.8%) and in left ureter in 22 (39.3%) patients. Optimal right ureter perfusion was associated with risk reduction of >G2 right hydronephrosis (OR: 8.05, 95%CI: 1.95–33.08; p=0.004); no association between left ureter perfusion and risk of >G2 left hydronephrosis was noted (OR: 1.87, 95%CI: 0.51–6.95; p=0.347). 29 (51.8%) patients had good (++-/+++) bilateral ureter perfusion and none of them experienced ileal conduit anastomotic leak. All three (5.3%) patients undergoing UD anastomosis leak had a poor (+/-) ICG perfusion.

Conclusion The use of ICG to assess perfusion of UD anastomoses was a useful tool to predict benign ureteric stenosis and UD leak. Patients with poor ICG perfusion could benefit from intra-operative actions and more intense post-operative surveillance.

Disclosures None

#1042 SPECIALISED ENDOUROLOGICAL TRAINING AND TEACHING OF OPTIMISED GYNECOLOGY COMPLICATION MANAGEMENT BASED ON THE UROGENITAL TRACT INTERVENTION TRAINER (UTIT)

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Introduction/Background The subject-specific training system for urogenital diseases and gynecology complications is intended to convey an understanding of urological diagnostics and therapy options from the interdisciplinary perspective of everyday clinical practice. On the specially developed phantom, adapted through the exchange of variable background images, disease scenarios, typical primary and secondary complications of the urogenital system and all endourological therapy options and techniques can be demonstrated and directly trained on the model.

Methodology The Urogenital Tract Intervention Trainer - UTIT consists of 3 transparent acrylic plates (two cover plates, a milled out urogenital system and unlimited interchangeable subject-specific background images). The background image depicts various clinical pictures and their typical, rare injuries of the urogenital system. This makes it easier to learn therapy options on the realistic urogenital tract model with kidneys, ureters and bladder. On the UTIT, all interventions (rigid and flexible cystoscopy, rigid and flexible ureterorenoscopy, antegrade and retrograde splint insertion, special stone extraction, nephrostomy, suprapubic insertion, dilatation, ablation (laser, TUR), and transurethral surgery (TUS-NOTES) etc.) can be trained systematically as in vivo. The training programme also includes short 90-second maximum step-by-step video instructions for each technique.

The basic training was conducted by 12 students and 6 doctors. Validation was done through questionnaires.

Results Causes, diagnostics and forms of therapy could be shown on the model. Diagnostics and therapy could be taught practically. After the training, students, assistants and specialists were able to perform the procedures they had learned.

Conclusion All procedures can be easily learned and practised on the Urogenital Tract Intervention Trainer (UTIT). The understanding of standard urological interventions, their specifics and the understanding of complication management improved due to the adaptation of the backgrounds to the specific specialties.

Disclosures None

#1060 THE ROLE OF LYMPHADENECTOMY IN ENDOMETRIAL STROMAL SARCOMA

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Introduction/Background Endometrial stromal sarcoma is a rare mesenchymal uterine neoplasm and represents less than 1% of all uterine malignancies. The role of lymphadenectomy in case of endometrial stromal sarcoma is controversial. According to literature the risk of node metastases ranges between 0 and 44%.

Methodology Retrospective study was conducted in a total of 16 patients treated in our institution between years 2016 and 2023. Patients with histologically proven uterine endometrial stromal sarcoma who underwent surgery were considered eligible for the analysis. Pelvic systematic lymphadenectomy or sentinel lymph node biopsy was performed based on the...
physician’s choice. Follow up and potential retroperitoneal recurrence of the disease was analysed.

**Results** From 2016 to 2023 16 women were surgically treated (7 low grade endometrial stromal sarcoma and 9 high grade endometrial stromal sarcoma) and only 5 patients underwent pelvic lymphadenectomy. In one case of high grade endometrial stromal sarcoma pelvic lymph nodes were positive, in all other cases lymph nodes were negative. In one case of high grade endometrial sarcoma the disease recurred after one year in pelvic lymph nodes. In all other cases there was no recurrence during follow up after surgical treatment, although there was no lymphadenectomy. In all cases of low grade endometrial stromal sarcoma, the lymph nodes were either negative in case of staging procedure or there were no signs of recurrence of the disease during follow up.

**Conclusion** According to literature and our data there is no indication to offer a systematic lymphadenectomy in apparent low-grade endometrial stromal. In case of high grade endometrial stromal sarcoma there is need for more studies aiming to determine the role of lymphadenectomy and sentinel lymph node biopsy. Retroperitoneal surgery should be limited in case of lymph nodes recurrences or primary pathological lymph nodes according to preoperative imaging or palpable intraoperative findings.

**Disclosures** No disclosures.

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ELEVEN YEAR STUDY OF UTERINE SARCOMA IN A SOUTH-ASIAN COHORT – A RETROSPECTIVE ANALYSIS

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**Introduction/Background** Uterine sarcomas are a heterogeneous group of mesenchymal gynecological malignancy with low incidence and lack of high level evidence supporting its management esp. in the South Asian population. This study aimed to provide a basis for the management and prognosis of uterine sarcoma in this population.

**Methodology** Retrospective analysis was done for all patients diagnosed with uterine sarcoma at Tata medical center between August 2011–2022. Clinico-pathological data, treatment and outcomes were recorded and statistically analysed.

**Results** Data was retrieved for 85 women (9 excluded for incomplete data; N=76). Study cohort included patients from India (80%) and neighboring countries. Median age was 48.5 ±11.8 years at diagnosis. Most common (MC) symptoms included menorrhagia (31.6%), pain abdomen (27.6%) and post menopausal bleeding (23.7%). Only 9.2% patients could be diagnosed pre-operatively. MC pathological subtypes were leiomyosarcoma (LMS; 56.6%) and low grade endometrial stromal sarcoma (LG ESS; 27.6%). 10.5% needed completion hysterectomy. MC sites were pelvis (46.4%) and lungs (39.2%). 19.7% cases developed recurrence, mostly in LMS subtype (75%). In case of low-grade endometrial stromal sarcoma pelvic lymph nodes were positive, in all other cases lymph nodes were negative. In one case of high grade endometrial sarcoma the disease recurred after one year in pelvic lymph nodes. In all other cases there was no recurrence during follow up after surgical treatment, although there was no lymphadenectomy. In all cases of low grade endometrial stromal sarcoma, the lymph nodes were either negative in case of staging procedure or there were no signs of recurrence of the disease during follow up.

**Conclusion** According to literature and our data there is no indication to offer a systematic lymphadenectomy in apparent low-grade endometrial stromal. In case of high grade endometrial stromal sarcoma there is need for more studies aiming to determine the role of lymphadenectomy and sentinel lymph node biopsy. Retroperitoneal surgery should be limited in case of lymph nodes recurrences or primary pathological lymph nodes according to preoperative imaging or palpable intraoperative findings.

**Disclosures** No disclosures.

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FASTER 28 DAY DIAGNOSIS: DOES ‘STRAIGHT TO TEST’ IMPROVE TIME TO DIAGNOSIS FOR SUSPECTED OVARIAN CANCER

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**Introduction/Background** Gynaecological cancers are the second most common cancers in the female population. Timely diagnosis is important in improving survival outcomes for ovarian cancer as delays in receiving first treatment can result in higher stage at diagnosis leading to higher levels of non standard treatment or no treatment. The number of patients referred with suspected cancer symptoms continues to rise putting more pressure on rapid access services working at full capacity to meet nationally agreed cancer diagnosis targets across the UK. There is an urgent demand for more efficient cancer pathway developments to prevent delays in ovarian cancer diagnosis. We present a comparison of our cancer target outcomes following the introduction of a straight to test pathway for patients presenting with symptoms suggestive of ovarian cancer.

**Methodology** Data was collected retrospectively from electronic patient records on patients attending rapid access services with symptoms suggestive of ovarian cancer/raised CA125 and time to diagnosis calculated.

**Results** 403 patients attended rapid access services during October 2019 and December 2019. 63 of these patients had suspected ovarian cancer symptoms. 30 of these patients required further imaging for diagnosis. 23 out of 30 patients received their diagnosis within recommended targets. (76%). Average time to diagnosis was 4–36 days.

Following the introduction of the new triage system 565 patients were seen in clinic from December 2022 to February 2023. 78 patients had symptoms suggestive of ovarian cancer and 25 of these patients were identified as high risk and were sent straight for diagnostic testing. Progressive improvement in