EP164/#666 DOES PERINEPHRIC FAT PREDICT SURGICAL COMPLICATIONS AND SURVIVAL IN INDIVIDUALS WITH ENDOMETRIAL CANCER?

[1]Lina Salman*, [2]Paulina Cybulska, [1]Ryley Fowler, [3]Manjula Maganti, [4]Ur Metser, [5]Sarah Ferguson. *[1]University of Toronto, Division of Gynecologic Oncology, Toronto, Canada; [2]Lakeridge Hospital, Gynecologic Oncology, Oshawa, Canada; [3]University Health Network, Biostatistics Research Unit, Toronto, Canada; [4]University Health Network, Medical Imaging, Toronto, Canada; [5]Princess Margaret Cancer Centre/Sinai Health Systems, Gynecologic Oncology, Toronto, Canada*

10.1136/ijgc-2023-IGCS.255

Introduction The aim of this study was to evaluate the association between average perinephric fat (APF) and surgical complications and survival in individuals with endometrial cancer (EC).

Methods This is a retrospective cohort study of individuals with EC who underwent surgical staging in a tertiary cancer centre in Canada (2015 – 2021). AFP was measured on preoperative CT scans. Baseline characteristics, surgical complications and survival data were compared between patients with APF < 2.2 cm and those with AFP ≥ 2.2 cm. Cox proportional hazard model was used to evaluate the association between APF and overall survival (OS) and progression-free survival (PFS).

Results Overall, 297 patients were included. Of whom, n=271 had APF <2.2 cm and n=26 had APF ≥ 2.2 cm. Baseline characteristics are presented in table 1. Patients with APF ≥ 2.2 cm had higher rates of failed sentinel lymph node mapping (31% vs 6%, p<0.001). There were no differences between groups in intraoperative (3% vs 4%, p=0.61) and postoperative complications (14% vs 19%, p=0.71). On univariable analysis, APF was not associated with OS (HR 1.58, 95% CI 0.90–2.78, p=0.11). However, increase in APF was significantly associated with worse PFS (HR 1.49, 95% CI 1.08 -2.06, p=0.02). In a multivariable analysis including age, stage, LVSI and deep myometrial invasion, the association between APF and PFS was not statistically significant (HR 1.35, 95% CI 0.96–1.91, p=0.08).

Conclusion/Implications In this cohort of individuals with EC, there was a trend towards worse PFS with increased APF. However, increased APF did not impact perioperative complications or OS.

Abstract EP164/#666 Table 1 Baseline characteristics

Variable	AFP < 2.2 cm (n=271)	AFP ≥ 2.2 cm (n=26)	P value
Age at diagnosis, median, years	64.3 (28.7, 89.3)	70.2 (55.2, 83.5)	0.004
Diabetes, n (%)	57 (22)	13 (50)	0.003
Hypertension, n (%)	110 (42)	21 (81)	<0.001
Dyslipidemia, n (%)	43 (16)	9 (35)	0.003
BMI, median, kg/m^2	29.6 (16.1, 65.0)	37.2 (28.6, 56.9)	<0.001
Average subcutaneous fat, median, cm	3.0 (0.7, 7.3)	3.2 (1.4, 7.9)	0.39
Stage of disease: n (%)			0.92
I	206 (76)	19 (73)	
II-IV	65 (24)	7 (27)	
Histology: n (%)			0.13
Endometrioid	157 (59)	19 (76)	
Other	107 (41)	6 (24)	

EP165/#31 LAPAROSCOPIC SLN DETECTION IN PATIENTS WITH ENDOMETRIAL CANCER. EXPERIENCE IN KAZIOR

[1]Alima Satanova*, [2]Dilyara Kaidarova, [1]Yerlan Kukubassov, [1]Orynbassar Bertleuov, [1]Dauren Kaldybekov. *[1]Kazakh Institute of Oncology and Radiology, Oncogynecology, Almaty, Kazakhstan; [2]Kazakh Institute of Oncology and Radiology, Chairman of The Board, Almaty, Kazakhstan*

10.1136/ijgc-2023-IGCS.256

Introduction In Republic of Kazakhstan, endometrial cancer among malignant tumors occupies the 9th ranking position, and in the structure of gynecological cancer, the 3rd place, about 1000 cases of this disease are detected annually. The main method of treatment for EC is surgical treatment, with mandatory removal of regional lymph nodes (LN) for preventive purposes, regardless of their morphological state. However, prophylactic lymphadenectomy did not justify itself. Plenty of evidence suggests an improvement in survival only in groups of patients who have been diagnosed with metastatic changes in the lymph nodes.

Methods In the period from January 1, 2021 to December 30, 2021, 37 patients with detection of sentinel lymph nodes were registered in KazIOR. We collected retrospective data from history of diseases.

Results The mean age of the patients was 52 years. The average body mass index of patients was 30.2 kg/m^2. Preoperative assessment of endometrial cancer risk groups showed: low risk in 19 (51.3%) patients, intermediate risk in 11 (29.7%) patients, high risk in 7 (18.9%) patients. Complete pelvic and para-aortic lymph node dissection was performed in 7 (18.9%). In 30 (81%) patients, at least one sentinel lymph