

node was successfully mapped. 7 (18.9%) patients had positive nodes. In 37 patients, no postoperative complications were detected. The final histology revealed: 31 (83.7%) patients had endometrioid adenocarcinoma, 6 (16.2%) had clear cell carcinoma.

Conclusion/Implications This study confirms the feasibility of the SLN procedure to assess recurrence risk in patients with early EC and the safety of sentinel lymph node detection.

EP166/#912

PREVALENCE OF PARAAORTIC LYMPH NODE METASTASIS IN PRESUMED CLINICAL STAGE II ENDOMETRIAL CANCER

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Introduction The aim of this study was to investigate the prevalence of paraaortic lymph node (LN) metastasis in patients with endometrial cancer, whose preoperative clinical stage was assumed to be FIGO stage I.

Methods We retrospectively analyzed the medical records of 462 patients who underwent surgical staging for endometrial cancer at Yonsei Cancer Center from July 2014 to April 2021. The study population consisted of patients with clinical presumed stage I endometrial cancer and who underwent nodal assessment, including both pelvic and paraaortic LNs.

Results A total of 311 patients met the eligibility criteria for the study. They were classified into low/intermediate and high-risk groups based on histology and myometrial invasion. Of the total patients, 66.9% were classified as low/intermediate risk group, while 33.1% were classified as high-risk group. After surgical staging, 28 patients (9.0%) were upstaged, and 12 patients (3.9%) were found to have LN metastasis. The incidence of LN metastasis was higher in the high-risk group (6.8%) than in the low/intermediate risk group (2.9%). However, the pattern of LN metastasis did not differ between the two groups (pelvic and paraaortic LN metastasis: 16.7% vs. 14.3%; pelvic only: 50% vs. 57.1%; paraaortic only: 33.3% vs. 28.6%, in the low/intermediate vs. high-risk group, respectively).

Conclusion/Implications The incidence of paraaortic LN metastasis in endometrial cancer patients presumed to be FIGO stage I by preoperative radiologic evaluation is low. However, our findings emphasize the importance of nodal assessment, particularly in high-risk groups, as a significant number of patients were upstaged and found to have LN metastasis.

EP167/#641

SENTINEL LYMPH NODE MAPPING USING INDOCYANINE GREEN DYE AND NEAR INFRARED FLUORESCENCE IMAGING METHOD FOR EARLY STAGE ENDOMETRIAL AND CERVICAL CANCER

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Introduction This study aimed to assess the feasibility and effectiveness of using ICG to detect SLNs & to investigate

how patient and tumor-related factors may influence this process in patients with endometrial and cervical cancer in low-middle income country like India.

Methods Patients with early stage cervical and endometrial cancer who underwent primary surgery with SLN identification using ICG Dye between July 2020 and March 2022 were analysed. Bilateral and overall SLN detection rates were calculated and univariate analysis was performed to estimate factors associated with SLN identification failure.

Results 49 patients with endometrial and cervical cancer were included in the study. Successful SLN identification was done in 46 out of 49 patients (93.87%). Unilateral and bilateral detection rate was 89.79% & 83.67% respectively. Sensitivity, Specificity, False Negative Rate, Accuracy of SLN identification using ICG dye was 83.33%, 95.34%, 16.67%, 93.87% respectively. Negative predictive value of this test was 97.6%. In our study, myometrial invasion in endometrial cancer (p = 0.44), LVI (with LVI p=0.12), Grade of tumor (higher grade, p = 0.26), menopausal status (postmenopausal, p = 0.09), tumor size (>4 cm, p=0.62), & Histopathology (adenocarcinoma, p = 0.157) have association with decrease SLNs identification, but it did not found statistically significance. Only BMI (>30) is found to be statistically significant to prove correlation between Obesity and SLN identification failure (p = 0.025).

Conclusion/Implications SLN identification using NIR fluorescence with ICG dye appears to be accurate method in our patients with early stage cervical or endometrial carcinoma. BMI is to be considered as an important factor for decrease SLN identification.

EP169/#411

MACHINE LEARNING METHOD FOR DIFFERENTIAL DIAGNOSIS AND PROGNOSIS PREDICTION FOR EARLY-STAGE UTERINE SARCOMA USING PREOPERATIVE BLOOD BIOMARKER AND AGE

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Introduction Preoperative differential diagnosis of clinical stage I uterine sarcoma (US) is essential for surgical intervention. Many studies have been done using CT or MRI imaging for machine learning prediction models but not with blood biomarkers. We aimed to develop a new model for diagnosis and prognosis prediction in the US using preoperative blood biomarkers and patient age.

Methods Overall, 143 US patients and 210 benign uterine myoma (UM) patients were randomly assigned to the 'training and test' cohort. 78(55%) cases were on clinical stage I. 30 preoperative peripheral blood parameters and patient's age was surveyed. The Random Forest (RF) classifier was used to construct an algorithm. The accuracy, the area under the receiver operating characteristic curve (AUC), and the variable