4.9, 95%CI 2.5–9.7; OR_{K10} 3.6, 95%CI 1.7–10.9) were predictors of screening positive for depression and psychological distress. Non-white ethnicity was predictive of psychological distress (OR_{K10} 5.9, 95%CI 2.0–17.0). Low income (OR_{SRMH} 5.2, 95%CI 2.1–12.8) and multimorbidity (OR_{SRMH} 18.5, 95%CI 2.2–153.3) were predictors for low SRMH. Education, marital status and alcohol consumption were not found to be predictive of mental health outcomes.

Conclusion/Implications Participants with a history of gynecologic cancer are at increased risk of depression, particularly those faced with additional socioeconomic challenges and multimorbidity. Further research is required to address the mental health needs of patients with gynecologic cancers and to identify strategies towards sustained support throughout diagnosis and survivorship.

Focused Plenary 02: Surgery

AS03. Cervical cancer

SO009/#656 UTILIZATION AND OUTCOMES OF SENTINEL LYMPH NODE BIOPSY (SLNBX) FOR PATIENTS WITH CERVICAL CARCINOMA; A MULTICENTER DATABASE ANALYSIS

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Introduction Investigate the utilization and outcomes of SLNBx algorithm for patients with cervical carcinoma.

Methods Patients diagnosed between 2012–2019 with cervical carcinoma who underwent hysterectomy with SLNBx or systematic lymphadenectomy (sLND) (defined as at least 10 LNs removed) were identified in the National Cancer Database. LN metastasis rates were calculated following stratification by tumor size. Overall survival (OS) was evaluated after controlling for confounders.

Results A total of 15711 patients were identified; 1710 (10.9%) had SLNBx. Utilization of SLNBx steadily increased from 2.7% in 2012 to 19.5% in 2019. Patient who had SLNBx were more likely to undergo simple hysterectomy (49.7% vs 44.5%, p<0.001), and minimally-invasive surgery (74.4% vs 56.3%, p<0.001). Rate of SLNBx was 12.8% for tumors <= 2 cm compared to 9% and 6.9% for those 2–4 and >4 cm, p<0.001. Rate of LN metastasis was comparable between the two groups for tumors <= 2 cm (6% vs 6.2%, p=0.83), 2–4 cm (20.9% vs 19.6%, p=0.54) and >4 cm (33.2% vs 28.3%, p=0.22). After controlling for mode and type of hysterectomy, SLNBx was associated with lower likelihood of prolonged hospital stay (OR 0.37, p<0.001). After controlling for confounders, SLNBx was not associated with worse OS for tumors <=2 cm (HR:1.0, 95% CI: 0.64, 1.55), 2–4 cm (HR 1.30, 95% CI: 0.89, 1.90), or > 4 cm (HR: 0.60, 95% CI: 0.34, 1.04).

Conclusion/Implications SLNBx is rapidly incorporated in the management of patients with cervical cancer with no detrimental effect on survival or detection rates of LN metastasis, and improved peri-operative outcomes.

AS04. Endometrial/Uterine corpus cancers

SO010/#1243 RISKS AND BENEFITS OF A NATIONAL ADOPTION OF SENTINEL NODE MAPPING IN LOW AND INTERMEDIATE RISK ENDOMETRIAL CANCER -THE SENTIREC-ENDO STUDY

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Introduction Surgical staging of endometrial cancer (EC) serves to allocate women with lymph node metastases to adjuvant treatment. Sentinel lymph node (SLN) mapping can accurately detect lymph node metastases in women with EC of low- or intermediate-risk (LR or IR) of lymph node metastases. We aim to investigate risks and benefits of a national protocolled adoption of SLN mapping to women with LR and IR EC, in a real-life clinical setting.

Methods A national multicenter prospective study of SLN-mapping in women with LR and IR EC from March 2017-February 2022. Postoperative complications were classified according to Clavien-Dindo. Lymphoedema was evaluated by validated patient-reported outcome measures at baseline and three months postoperatively.

Results 627 women were included in the analyses, 458 with LR- and 169 with IR EC. The SLN detection rate was 94.3% (591/627). The overall incidence of lymph node metastases was 9.3% (58/627), 4.4% (20/458) in the LR- and 22.5% (38/169) in the IR group. Only 0.3% (2/627) experienced an intraoperative complication associated with the SLN procedure. The incidence of postoperative complications was 8% (50/627). The mean difference score of lymphoedema was below the threshold for clinical importance 4.3/100 (95%CI 2.6–5.9). The incidence of leg swelling and heaviness was low, 5.2% and 6.1%, respectively.

Conclusion/Implications SLN mapping is a safe staging procedure in women with EC of LR and IR, carrying a very low risk of early lymphoedema, perioperative- and postoperative complications. The change in clinical practice contributed to improved treatment allocation for both risk groups and thus supports further international implementation.