

SLNs were processed with an ultrastaging technique. Between 26 June 2014 and 31 December 2019 with 333 patients we applied the previous treatment algorithms. Between January and 30 August 2021 we did only SNL in 45 patients.

Result(s)* Comparison of the results between the ancient and the new serie (ancient/new): Detection rate 94%/97.7% overall for SLNs; 91.3%/97.7% overall for pelvic SLNs; 70.5%/88.8% for bilateral SLNs; 68.1%/88.8% for para-aortic SLNs, and 2.9%/0% for isolated paraaortic SLNs. Macrometastasis 18%/6% patients and microdisease 17.6%/8.8% patients, overall rate of LN involvement 16.2%/11%. Isolated Aortic metastases 4.2%/2.2% (14/333–1/45). Assuming the results of the ancient serie there was one false/negative (negative SLN with positive lymphadenectomy). Our sensitivity of detection was 98.3% (95% CI 91–99.7), specificity 100% (95% CI 98.5–100), negative predictive value 99.6% (95% CI 97.8–99.9), and positive predictive value 100% (95% CI 93.8–100).

Conclusion* SLN biopsy is an acceptable alternative to systematic lymphadenectomy for LN staging in stage I/II. We avoid 22/45 (48.8%) lymphadenectomies with new algorithm, reducing the morbidity in our patients. Our surgical times were shorter improving our theaters efficiency with all that implies for. Additionally, this technique allows a high rate of aortic detection, identifying a non-negligible percentage of isolated aortic metastases. Isolated Aortic metastases in endometrial cancer are possible and we should not give up actively looking for them.

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THE IMPACT OF SENTINEL LYMPH NODE BIOPSY ALONE ON SURVIVAL OF PATIENTS WITH ENDOMETRIAL CANCER (TRSGO-SLN-007)

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Introduction/Background* Diagnostic efficacy of sentinel lymph node (SLN) biopsy is proven in many studies in terms of the detection of lymphatic spread in endometrial cancer. However, there are limited data about the effect of SLN biopsy only on survival. The aim of this study was to investigate whether SLN biopsy only compromises oncologic outcomes compared to systematic lymphadenectomy in a large cohort.

Methodology In this multicentric study, records of 564 endometrial cancer patients who underwent surgical staging with either sentinel lymph node biopsy alone or sentinel lymph node biopsy followed by systematic lymphadenectomy with at least 6 months of follow-up time were retrospectively reviewed. The impact of type of lymphadenectomy and histopathologic factors on recurrence, disease-free survival (DFS) and overall survival (OS) were assessed. DFS and OS rates were calculated using Kaplan-Meier method and log-

rank test was used to calculate statistical significance between the groups. Cox univariate and multivariate analyses were used to identify prognostic factors for DFS and OS.

Result(s)* Median follow up time was 28 months (range: 6-130) and 14 (2.5%) of the 21 (3.7%) deaths were due to the disease. 2- and 3-year OS were 98.2% and 97%, respectively. Median time to recurrence was 12.5 months (range: 3-30). Sites of the 42 (7.4%) recurrences were as follows: 12 (28.6%) locoregional, 19 (45.2%) distant, 3 (7.1%) nodal and 8 (19%) more than one site. 2- and 3-year DFS were 93.1% and 92.6%, respectively. While non-endometrioid subtypes ($p=0.048$), grade 3 histology ($p<0.001$) and presence of lymphovascular space invasion (LVSI) ($p<0.001$) were found as independent prognostic factors for decreased DFS, age ($p=0.017$) and tumor size ($p=0.041$) were independent factors for shorter OS. Type of lymphadenectomy was not a prognostic factor lymphatic recurrence, DFS and OS.

Conclusion* Our study showed that removal of only SLNs was not associated with worse survival compared to systematic lymphadenectomy in endometrial cancer patients. Nodal recurrence rate was also similar between the groups.

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FERTILITY PRESERVATION IN ENDOMETRIAL CANCER: PERINATAL AND ONCOLOGIC OUTCOMES

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Introduction/Background* The aim of our study is to evaluate the oncological and perinatal outcomes in young women diagnosed with atypical endometrial hyperplasia (AH) or endometrial cancer (EC) treated with hormone therapy.

Methodology A single institutional ambispective study was performed including all patients diagnosed with AH or EC grade 1 without myometrial invasion who received hormone therapy between January 2011 and July 2021. We analyzed the complete response rate and recurrence rate of disease and pregnancy rate in these patients as well as perinatal results (live births rate, type of delivery and perinatal morbidity). In addition, we evaluated complete response rate according to type of hormone therapy, dosage received and treatment length.

A review of literature was performed to identify studies involving patients with AH or EC who received fertility sparing management.

All statistical analysis were performed using the software SPSS Statistics v.24.0 (IBM Corp., Armonk, NY, USA).

Result(s)* There were 6 patients with AH/EC (4 and 2 patients respectively) who received hormone therapy with a mean treatment time of 8.6 ± 1.96 months. Hormone therapy with megestrol acetate was carried out in 4 patients (66.6%). Complete remission was achieved in 5 patients (83.3%) and 2 of them (33.3%) attempted pregnancy. Finally, no complications during pregnancy were reported in this 2 patients and both had normal delivery. The rate of live birth was 33.3%. During the follow-up no recurrences were detected and overall survival was 100%

Conclusion* Conservative management with progestins of young patients with AH or EC grade 1 limited to the endometrium is an acceptable possibility given the high remission