Results: In total, 32 patients were included: endometrioid (n=18), serous (n=5), carcinosarcoma (n=6), and others (n=3). Among them, 25 (78.1%) had stage IVB disease. The most common NAC regimen was paclitaxel-carboplatin (n=25, 78.1%), administered with median of 6 cycles. While 26 (81.3%) showed an objective response, 2 (6.3%) progressed despite NAC. At the time of IDS, 23 (71.9%) achieved complete cytoreduction. During 30.5 months of the median follow-up, there were 23 recurrences and 7 deaths, corresponding to 19 months of median PFS and 46.7% of 3-year OS rate. In multivariate analysis, endometrioid histology was associated with better PFS (hazard ratio [HR]=0.181; p=0.001) and OS (HR=0.112; p=0.029), while complete cytoreduction significantly improved PFS (HR=0.258; p=0.008).

Conclusion: We found NAC-IDS is feasible and effective in unresectable, metastatic endometrial cancer. Tumor histology and the possibility of complete cytoreduction would be the primary considerations for NAC-IDS.

Oral (OM4)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

<https://doi.org/10.3802/jgo.2021.32.S1.OM4>

Comparison of sentinel lymph node biopsy alone to complete lymphadenectomy in endometrial cancer patients: a retrospective study

Amany Abdelwadoud Makroum,^{1*} Jung-Yun Lee,² Eun Ji Nam,² Sunghoon Kim,² Sang Wun Kim,² Young Tae Kim²

¹Department of Obstetrics and Gynecology, Faculty of Medicine, Mansoura University, Mansoura, Egypt (amany_makroum@mans.edu.eg)

²Department of Obstetrics and Gynecology, Institute of Women's Life Medical Science, Yonsei University College of Medicine, Seoul, Korea

Objective: Sentinel lymph node (SLN) biopsy allows to spare node negative patients from surgical comorbidities. Our objectives were evaluation of outcomes of SLN biopsy only compared to additional lymph node (LN) dissection in endometrial cancer patients.

Methods: Single institutional retrospective study of endometrioid type of endometrial carcinoma patients at Yonsei Cancer Center who underwent minimally invasive surgical staging with SLN biopsy with or without additional LN dissection between January 2015 to December 2019.

Results: A total of 301 patients were included in this study. Eighty-two underwent SLN biopsy only and were compared to 219 with extra LN dissection. The median age was 53 years and median body mass index was 25 kg/m². In terms of

operative outcomes, SLN biopsy only group showed statistically significant decreased surgical time (p=0.001). However, estimated blood loss during operation did not show any statistically significant difference. The sites and numbers of SLN did not show statistically significant difference. There was one case with LN metastasis from whom SLN metastasis was not detected. This case reflects false negativity of SLN biopsy and overall false negative rate of SLN biopsy was 0.45%. Recurrence and death events did not show any statistically significant difference between the two groups during the follow-up period.

Conclusion: This study showed similar prognosis among the 2 included groups with acceptable diagnostic accuracy of SLN biopsy with small detected false negative rates. Thus, LN assessment can be considered as valuable and could safely replace LN dissection.

Oral (OM5)

Endometrial Hyperplasia, Endometrial Intra-epithelial Neoplasia, and Endometrial Cancer

<https://doi.org/10.3802/jgo.2021.32.S1.OM5>

The fluorescence imaging for laparoscopic and laparotomic endometrial sentinel lymph node biopsy (FILLES) trial: Siriraj Gynecologic sentinel Node of endometrial cancer (SiGN-En) study

Khemanat Khemworapong,^{*} Atthapon Jaishuen, Mongkol Benjapibal, Perapong Inthasorn, Boonlert Viriyapak, Pisutt Srichaikul, Nida Jareemit, Malee Warnnissorn, Suchanan Hanamornroongruang

Mahidol University, Nakhon Pathom, Thailand (khemanatkhem@gmail.com)

Objective: To establish the detection rate of sentinel lymph node (SLN) biopsies and to determine the sensitivity and false-negative rate of SLN biopsies compared with those of systematic pelvic and para-aortic lymphadenectomies in endometrial cancer.

Methods: This prospective cohort study enrolled patients with endometrial cancer who were scheduled for surgical staging. Patients with a history of chemotherapy or radiotherapy, an abnormal liver function test, or an allergy to indocyanine green (ICG) were excluded. All patients underwent surgical staging with an ICG injection at the cervix. SLNs were identified by a near-infrared fluorescent camera. All SLNs were sent to a pathologist for ultra-staging.

Results: From November 2019 to March 2021, 101 patients underwent SLN mapping and surgical staging. SLNs were not detected bilaterally in 2 patients. The detection rate of the SLN biopsies in this study was 97.9%. Thus, the accuracy of the SLN biopsies was 98.9%. The sensitivity for finding metastatic SLNs