was 92.3%, with a negative predictive value of 98.8%.

Conclusion: A SLN biopsy in endometrial cancer has a high detection rate and high accuracy. However, surgical expertise and a learning curve are required.

Oral (OM6)

Uterine Sarcoma

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Impact of power morcellation and tissue extraction technique in women with unexpected uterine cancer after uterine-conserving surgery

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Objective: Although there is a concern about laparoscopic uterus-conserving surgery (UCS) including power morcellation which may adversely affect outcome in patients with unexpected uterine cancer, the impact of power morcellation and tissue extraction technique on prognosis is still indeterminate based on existing evidence. The aim of this study is to evaluate the impact of type of surgery on prognosis with interest in the change of morcellation technique.

Methods: Using Korea National Health Insurance (KNHI) database, we identified 1,788 women with unexpected uterine cancer who underwent a hysterectomy or UCS for presumed benign disease from January 2003 to December 2018. The comparison of mortality between hysterectomy and UCS was assessed according to laparoscopic and open surgery. Cox proportional hazards models were used to estimate the adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs) for the mortality of patients.

Results: Laparoscopic UCS was associated with a higher risk for mortality than laparoscopic hysterectomy (aHR=3.03; 95% CI=1.25–7.34), whereas there was no significant association between open hysterectomy and UCS. The survival of laparoscopic UCS after Food and Drug Administration warning in 2014 was higher than that of laparoscopic UCS before 2014 (4-year survival rate: 100% [7/7] vs. 77.4% [24/31]). There was no significant difference of survival rate between open UCS before and after 2014.

Conclusion: Uncontained power morcellation could be associated to increased risk of mortality in women with unexpected uterine cancer. Preoperative evaluation of patients is required to reduce the effect of unexpected uterine cancer. For women who incidental uterine cancer is suspected, careful surgical procedures that can prevent tumor dissemination may improve the prognosis.

Oral (OM7)

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

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Clinicopathological factors and IHC markers predicting survival outcomes of uterine endometrial carcinoma: experience of a gynaecologic oncology unit from India

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Objective: To study the clinicopathological factors and immunohistochemistry (IHC) markers in predicting survival outcome of women with endometrial carcinoma undergoing primary surgery.

Methods: All cases of carcinoma endometrium diagnosed and treated at our hospital from 1st July 2013 to 30th June 2020 were studied and retrospectively reviewed for demographic profile and survival analysis. The factors influencing survival were critically evaluated. All histopathology slides were made to undergo IHC staining with p53 marker and microsatellite instability (MSI) markers (MLH1, MSH2, MSH6) and its correlation with survival was analyzed.

Results: A total of 84 cases of carcinoma endometrium were evaluated. More than 50% patients belonged to age group of 60 years and above and were postmenopausal. The factors influencing survival were evaluated using multivariate analysis. These factors were age, stage, myometrial invasion and lymph node metastasis. The overall survival of our study population was 91.5%. IHC markers like p53 and MLH1, MSH2, MSH6 were useful in predicting survival outcomes and prognosis in our study population.

Conclusion: Endometrial cancer have good survival outcomes when diagnosed and treated at an earlier stage. Factors influencing survival include age, myometrial invasion and lymph node metastasis. IHC markers; p53 and MSI markers like MLH1, MSH2, MSH6 are helpful in not only predicting survival outcome but also in guiding adjuvant treatment in these patients.

Oral (OM8)

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

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Retreatment with progestin for recurrence after achieving complete response with fertility sparing hormonal treatment in patients with early endometrial cancer