Abstract EP154/#912 Table 2

NO	INDICATORS	TARGET	RESULT	ACHIEVED
19	Proportion of patients who underwent ultra-staging of sentinel lymph nodes	≥99%	78.5% (11/14)	X
20	Proportion of bilateral mapping rate of sentinel lymph node procedures	≥75%	18.4% (7/38)	X
21	Proportion of complete macroscopic resection for curative intent in patients with primary advanced endometrial carcinoma	≥75%	97% (33/34)	✓
22	Proportion of patients who underwent salvage surgery for locoregional recurrent disease in whom complete macroscopic resection is achieved	≥85%	50% (1/2)	X
MOLECULAR CLASSIFICATION AND ADJUVANT TREATMENT				
23	Proportion of patients undergoing complete molecular classification of their tumour according to ESGO-ESTRO-ESP guidelines	Optimal≥90% Minimum≥50%	Nil	X
24	Compliance with the ESGO-ESTRO-ESP adjuvant treatment guidelines	≥90%	93% (152/163)	✓
RECORDING PERTINENT INFORMATION TO IMPROVE QUALITY OF CARE				
25	Minimum required elements in surgical reports	≥99%	81% (131/163)	X
26	Minimum required elements in pathology reports	≥99%	91% (148/163)	X
27	Structured morbidity and mortality conference per year for quality assurance of surgical care	Optimal:4 Minimum:2	12	✓
28	Proportion of reoperations within 30 days for complications after primary surgery	≤2%	Nil	✓
29	Structured prospective reporting of recurrences/deaths	≥ once a year	Yes	✓

Results A total of 163 patients had undergone primary surgery and 2 patients for recurrence. The audit showed that the target for categories of general indicators and pre-operative work-up were met. There was lack in compliance of the intra-operative management, with only 34% among presumed early-stage disease undergoing successful MIS, 31% undergoing sentinel lymph node procedure and 53% among them being done using indocyanine green with 18% bilateral mapping rate. None of the patients had complete molecular classification. Compliance of adjuvant treatment provided was adequate. Minimal required elements in surgical reports were in 81% and pathological reports in 91% of patients falling short of the set target.

Conclusions The audit helped us identify the need to increase MIS, use and adapt sentinel lymph node procedure with ICG dye more aggressively. There also is a need for improvement in documentation of pertinent information on surgical and pathology reporting. Molecular classification should be routinely incorporated into the diagnostic algorithm to aid in adjuvant therapy.

EP155/#329 DEEP CERVICAL INJECTION: A NOVEL TECHNIQUE TO INCREASE BILATERAL SENTINEL LYMPH NODE DETECTION RATE IN ENDOMETRIAL CANCER PATIENTS WITH INDOCYANINE GREEN (TRSGO-SLN-008)

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Objectives Lymph node assessment provides information that may influence decisions regarding adjuvant treatment in endometrial cancer patients. However, systematic lymphadenectomy may cause significant morbidity. In recent years, the use of sentinel lymph node (SLN) mapping with indocyanine green (ICG) has been accepted to avoid the morbidity of lymphadenectomy. We aimed to assess the diagnostic accuracy of a novel injection technique in detection of sentinel lymph nodes in women with endometrial cancer.

Methods A total of 214 patients with endometrial cancer underwent sentinel lymph node mapping using ICG. ICG was injected into the uterine cervix at the 3 and 9 o'clock positions, submucosally and to the level of junction between uterine cervix and isthmus in group 1(n=107) and to the uterine cervix at the 3 and 9 o'clock positions according to conventional Memorial Sloan Kettering algorithm in group 2 (n=107). All the patients in group 2 selected by propensity matching. None of the patients underwent a re-injection neither in group 1 nor group 2.

Results There was no significant difference between baseline characteristics of two groups. The groups were similar in terms of stage, type of tumor, BMI and lymphovascular space invasion. The bilateral detection rates were 94.4% and 76.6% in group 1 and group 2, respectively (p=0.003). No lymph node or lymphatic vessels were identified in only one patient with a history of chronic lymphocytic leukemia in group 1.

Conclusions Deep cervical injection technique significantly increases bilateral SLN detection rate in endometrial cancer patients.

EP156/#955 VARIABILITY IN HIGH RISK ENDOMETRIAL CANCER RISK IN NATIVE VERSUS US ASIANS – A POPULATION ANALYSIS OF US AND ASIA

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