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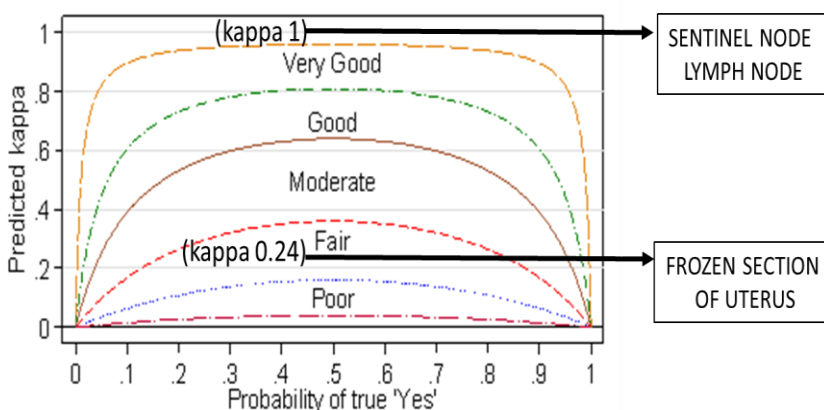
ePoster

IIIC FIGO stage endometrial cancer identification among low risk patients: LAPAROSCOPIC INDOCYANINE GREEN SENTINEL LYMPH NODE MAPPING VERSUS FROZEN SECTION OF THE UTERUS, WHY GET AROUND THE PROBLEM?

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Purpose: To compare two surgical strategies used to identify lymph node metastases in patients with preoperative low risk endometrial cancer(EC).

Methods: Data on EC patients undergoing a laparoscopic (LPS) indocyanine-green (ICG) sentinel lymph node (SLN) mapping and frozen section of the uterus to triage patients to a systematic lymphadenectomy were prospectively collected. False negative (FN) rates, negative predictive values (NPV), positive predictive values (PPV) and correlation (kappa value) with stage IIIC EC were calculated.



Results: Sixty-three patients were analyzed. Six(9.5%) patients had lymph nodal metastases. Based on frozen section of the uterus, 22(34.9%) and 15(22.2%) patients underwent a pelvic and a pelvic and paraaortic lymphadenectomy respectively. Five patients with stage IIIC disease were identified with a FN rate of 16.7% and a NPV and PPV of 97.6% and 27.3% respectively. Correlation between indication to lymphadenectomy with frozen section and stage IIIC disease was poor(kappa=0.244). Overall and bilateral detection rates of ICG SLN mapping were 100% and 97.6% respectively. The identification of patients with stage IIIC disease with ICG SLN mapping showed a FN rate of 0%, a NPV and PPV of 100%. Correlation between indication to lymphadenectomy with SLN ICG mapping and stage IIIC disease was excellent(kappa=1).



Conclusions: Incidence of lymph nodal metastases in patients with presumed low risk EC patients is not negligible. LPS ICG SLN mapping seems to be a more reliable model in identifying patients with metastatic lymph nodal disease as compared to a model in which patients are triaged to a systematic lymphadenectomy based on frozen section of the uterus.