



Prognostic value of low volume lymph node metastasis discovered by sentinel lymph node evaluation in endometrial cancer

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INTRODUCTION

The aim of this study is to evaluate the rate of low volume lymph node metastasis (LVM) by sentinel lymph node (SLN) biopsy in order to establish treatment patterns and oncologic outcomes in patients with endometrial cancer. Our main objective is to demonstrate that there would be no statistically significant difference in overall survival regarding lymph node involvement, between those with LVM (ITCs and micrometastasis) compared to those with macrometastatic nodes.

RESULTS:

126 patients were included with a median age of 63±11,051 years old. Histological types were as follows: endometrioid 80,2%, serous 10,3%, carcinosarcoma 6,3%, clear cells 1,6%. Concerning stage, 45,3% were low risk, 15,9% intermediate risk, 11,9% high-intermediate risk and 27% high risk.

The rate of SLN detection was 100% by dual labeling with Tc99 and ICG. Regarding SLN, 83,3% of SLN detected were negative, 5,6% presented micrometastasis, 2,4% presented ITCs and 4,8% presented macrometastasis. 87,5% of patients with micrometastasis received radiotherapy and the majority of ITC patients received adjuvant treatment. Overall survival (OS) was 100% in patients with ITCs, 93,5% in micrometastasis group and 80,0% in patients with macrometastasis. Concerning pathology free survival in patients with ITCs was 66,7%, in micrometastasis group it was 87,5% and finally patients with macrometastasis had a PFS of 80,0%. The differences between the 3 groups of SLN status were no statistically significant.

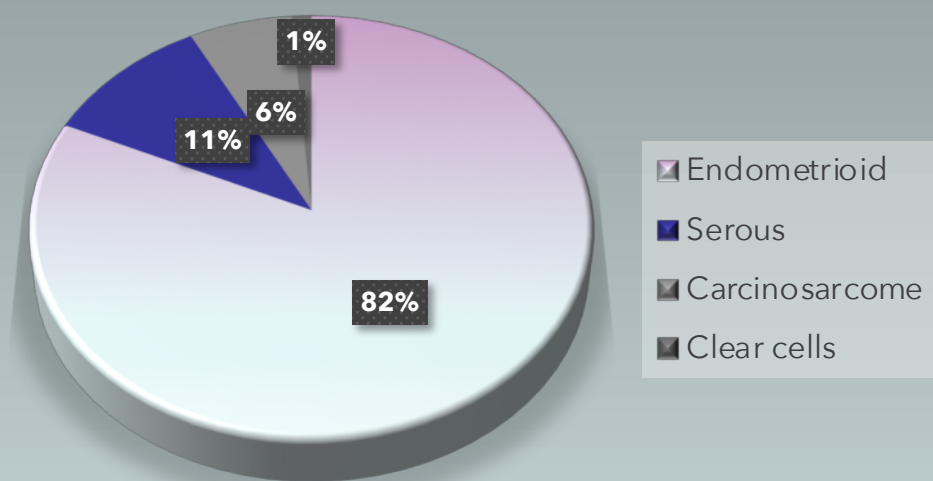
CONCLUSION:

Patients with LVM frequently receive adjuvant treatment with improve of their oncological outcomes in comparison to those with macrometastasis. More prospective studies and long term outcome are necessary to define optimal adjuvant treatment in patients with LMV.

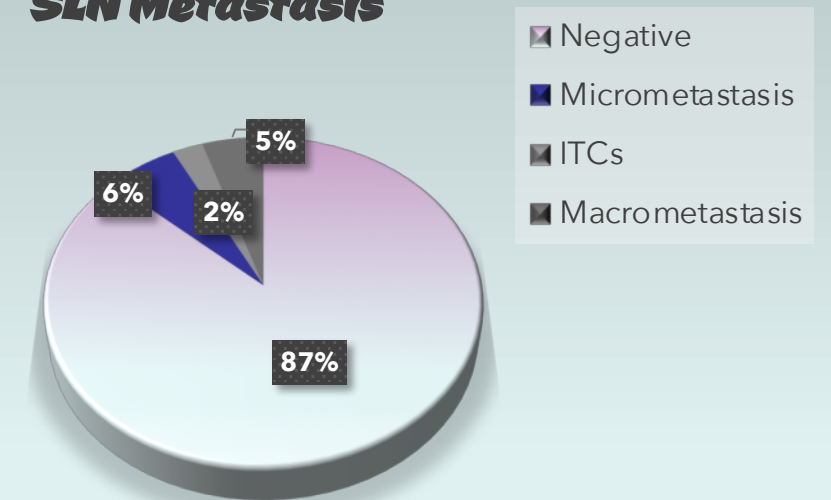
METHODS

We identified 126 patients who were treated surgically because of diagnosis of endometrial cancer between 2012-2017 in which sentinel lymph node biopsy was performed. We defined micrometastasis as a tumor present in a lymph node measuring >0,2 mm but < 2,0 mm and isolated tumoral cells are those measuring ≤0,2mm. Pathological study was performed by conventional hematoxylin-eosin staining and ultrastaging by cutting adjacent sections each 200µm with immunohistochemical analyses at each level. OSNA (one step nucleic acid amplification) technique was also carried out.

Histological type



SLN Metastasis



Adjuvant treatment

