Does lymph node dissection impact adjuvant treatment or survival outcomes in high-risk endometrial cancers?

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Background

• Serous carcinomas and clear cell tumors are more likely to have lymphovascular invasion and intraperitoneal and extra-abdominal spread than their endometrioid counterparts (Slomovitz)
• Lymphadenectomy does not impact survival but does determine treatment (Zahl Eriksson)
• Sentinel Lymph Node sampling has become a more widely used technique for biopsy, can apply?

Problem/Hypothesis/Aim

• Problem/Aim: As sentinel Lymph Node dissection becomes a more widely used technique for biopsy, can previous conclusions about complete lymphadenectomy and survival still apply?
• Hypothesis: There will be no difference in prognosis between sentinel lymph node dissection and complete dissection

Methods

Table 1. Patient outcomes by nodal assessment

| Node Assessment | No Complete Nodes | Complete Nodes | p
|-----------------|-------------------|---------------|---
| Sentinel Lymph Node dissection | 18.99% | 81.01% | 0.001

Results/Analysis

• No significant difference in patient characteristic besides surgical approach
• Patients with open surgery were more likely to have complete nodes than sentinel nodes when compared to a minimally invasive approach (p<0.001).
• Sentinel nodal dissection significantly impacted the utilization of, or modality choice, in adjuvant therapy (p = 0.051).

Discussion/Conclusion

• Sentinel lymph node dissection in high-risk endometrial cancers led to no significant differences in recurrence free survival or cancer-specific overall. While limited by sample size and its retrospective nature, results from this single-institution study are hypothesis-generating and prompt consideration of non-inferiority trials. Performing the least invasive surgery possible can lead to fewer complications while maintaining overall survival outcomes.

References