

Methodology In our randomized pilot study, ten patients were tested using FRD staining solution. In all 10 patients HPV Test, Pap Smear, and Colposcopy were also performed. These four methods were evaluated in regard to the histopathological findings of the targeted biopsy.

Results The sensitivity and specificity of FRD staining solution were 100% and 50%, respectively.

Conclusion The advantage of the FRD method is that the results are immediate. Another benefit of this test is that it can predict the location of cervical dysplasia both on the cervix and in the canal itself.

Further study could be useful to check if overall accuracy for screening is improved when FRD is used as a co-test with HPV testing.

Disclosures None.

Endometrial cancer

580 SURGICAL MANAGEMENT OF GYNECOLOGIC CANCERS DURING THE COVID-19 PANDEMIC

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10.1136/ijgc-2020-ESGO.211

Introduction/Background The COVID-19 pandemic brings about various challenges for surgeons in different fields. They should assess the risk-benefit of each surgery prior to the operation, and decide whether the surgery is beneficial for the patient or the surgery is delayable due to the risk of COVID-19 infection. In this regard, gynecologic surgeries are no exception. If the treatment is deferred, it may lead to the progression of the disease, affect the quality of life and patient's survival.

Case Reports In this article, we report and discuss three cases of gynecologic cancer including two cases of endometrial cancer and one case of cervical cancer in situ that referred to Mahdihyeh hospital, Tehran, Iran, during the COVID-19 pandemic.

Conclusion According to the centers for disease control and prevention (CDC) guidelines, the COVID-19 Polymerase Chain Reaction (PCR) must be performed for each patient before surgery. If the patient was positive for COVID-19, the surgery should be postponed for at least two weeks. If the test is negative and the patient is candidate for surgery, delay in surgery should be minimized and efforts should be made to discharge the patient earlier to reduce the contact of patient with health worker and other patients. All of these processes are to protect the cancer patient from COVID-19 infection. For the current situation of COVID-19 pandemic, risk assessment should be done carefully to identify whether the role of surgery is curative or palliative and how it may impact the life expectancy of the patient. Every cancer patient should be screened for possible infection before the surgery. During the surgery, measures should be taken to reduce the time of surgery and complications that may lead to ICU (intensive care unit) admissions. Discharging patients earlier after the surgery could also reduce the risk of infection.

Disclosures There is not any conflict of interest to be declared regarding the manuscript.

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A PILOT STUDY FOR THE VALIDATION OF SENTINEL LYMPH NODE BIOPSY WITH INDOCYANINE GREEN FLUORESCENCE METHOD IN EARLY ENDOMETRIAL CANCER AT FUNDACIÓN JIMÉNEZ DÍAZ UNIVERSITY HOSPITAL

José García Villayzan.

10.1136/ijgc-2020-ESGO.212

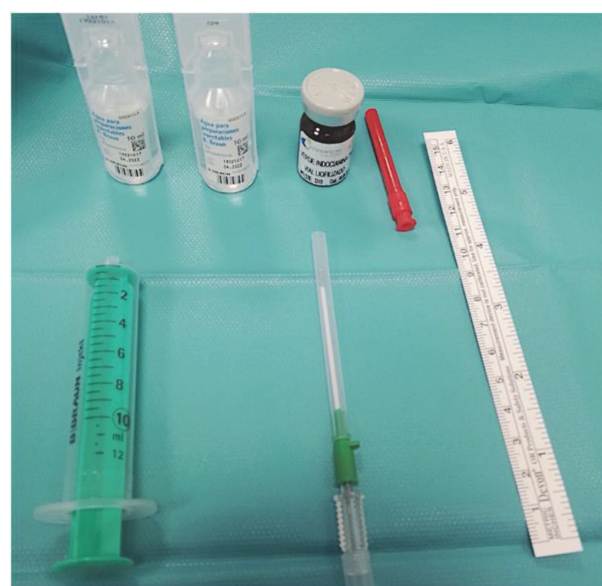
Introduction/Background Sentinel Lymph Node Biopsy is a technique developed to predict lymphatic involvement in patients with early endometrial cancer, decreasing the morbidity associated with routine systematic lymphadenectomy and improving quality of life.

Methodology Main Objective: To determine the detection rate and negative predictive value of the Sentinel Lymph Node Biopsy by Immunofluorescence in patients with early endometrial cancer.

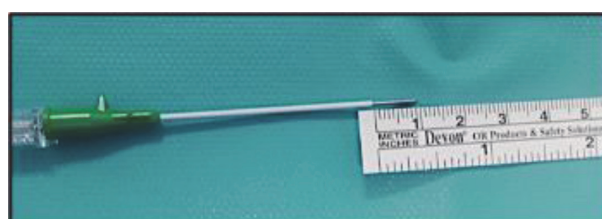
Secondary Objective: To determine the morbidity and mortality associated with Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy

To determine the quality of life of the patients who only underwent Sentinel Lymph Node Biopsy in comparison to systematic lymphadenectomy

Method A descriptive observational study in patients with early endometrial cancer (FIGO stage I-II) for all histological types and grades, who underwent the Sentinel Lymph Node by immunofluorescence Technique and/or systematic



Abstract 585 Figure 1



Abstract 585 Figure 2

Correction: 580 Surgical management of gynecologic cancers during the COVID-19 pandemic

Shokri N, Parsa Y, Niazkar H, *et al.* 580 Surgical management of gynecologic cancers during the COVID-19 pandemic. *International Journal of Gynecologic Cancer* 2020;30:A118-9. doi:10.1136/ijgc-2020-ESGO.211.

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Int J Gynecol Cancer 2021;**31**:e5. doi:10.1136/ijgc-2020-ESGO.211corr1

