1000 mg Q6W until disease progression, discontinuation, or withdrawal.

Results At this third interim analysis of GARNET, the safety population included 605 patients. irAEs were experienced by 32.2%, with 10.1% of patients experiencing grade ≥3 irAEs (table 1). Few, 5.5%, discontinued treatment because of an irAE. No irAEs led to death. Of patients experiencing irAEs, 64.6% were treated with immune modulatory medications (IMMs; referring to steroids, immune suppressant, and/or thyroid therapy); 58.7% of these patients experienced resolution. Average time to resolution was 69 days. For the 35.4% of patients not treated with IMMs, 56.5% experienced a resolution. Average time to resolution was 67 days. The most common irAEs were hypothyroidism (7.6%; 45 of 46 [97.8%] patients treated with thyroid therapy) and arthralgia (5.6%; 8 of 34 [23.5%] patients treated with steroids).

Abstract 2022-RA-1144-ESGO Table 1

Event, n (%)	dMMR EC N=150	dMMR NEC N=191	MMRp EC N=145	NSCLC N=67	PROC N=14	Other[a] N=38	Overall monotherapy N=605
Any irAE[b]	58 (38.7)	61 (31.9)	39 (26.9)	25 (37.3)	4 (28.6)	8 (21.1)	195 (32.2)
Grade ≥3 irAE	20 (13.3)	19 (9.9)	13 (9.0)	8 (11.9)	0	1 (2.6)	61 (10.1)
Any irAEs leading to treatment discontinuation	14 (9.3)	8 (4.2)	8 (5.5)	3 (4.5)	0	0	33 (5.5)
irAEs in ≥5% of patients							
Hypothyroidism	13 (8.7)	10 (5.2)	12 (8.3)	7 (10.4)	1 (7.1)	3 (7.9)	46 (7.6)
Arthralgia	10 (6.7)	7 (3.7)	9 (6.2)	6 (9.0)	1 (7.1)	1 (2.6)	34 (5.6)
Grade ≥3 irAEs in ≥1% of patients							
Alanine aminotransferase increased	4 (2.7)	6 (3.1)	3 (2.1)	0	0	0	13 (2.1)
Aspartate aminotransferase increased	1 (0.7)	5 (2.6)	5 (3.4)	0	0	0	11 (1.8)
Pneumonitis	2 (1.3)	1 (0.5)	1 (0.7)	2 (3.0)	0	0	6 (1.0)
irAEs leading to treatment discontinuation in ≥1% of patients							
Alanine aminotransferase increased	3 (2.0)	3 (1.6)	2 (1.4)	0	0	0	8 (1.3)
Pneumonitis	3 (2.0)	2 (1.0)	1 (0.7)	2 (3.0)	0	0	8 (1.3)

[a]Other includes 19 patients with MMR status unknown EC, 12 patients with MMR status unknown NEC, and 7 patients with MMRp NEC.
[b]irAEs are identified as any grade ≥2 adverse event based on prespecified preferred terms.
dMMR, mismatch repair deficient; EC, endometrial cancer; IMM, immune modulatory medication; irAE, immune-related adverse event; MMR, mismatch repair; MMRp, mismatch repair proficient; NEC, non-endometrial cancer; NSCLC, non–small cell lung cancer; PROC, platinum-resistant ovarian cancer.

Conclusion Across all tumour types evaluated in GARNET, 32.2% of patients experienced irAEs, 68.7% of whom experienced grade 2 events. 58.7% of patients experienced resolution of irAEs upon treatment with an IMM. Overall discontinuation due to irAEs was low.

2022-RA-1153-ESGO THROMBOPROPHYLAXIS IN SURGICALLY TREATED GYNECOLOGICAL CANCER PATIENTS WITH TINZAPARIN IN HIGHER THAN CONVENTIONAL PROPHYLACTIC DOSE: PRELIMINARY RESULTS FROM THE SONG-TIN STUDY

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Introduction/Background Surgeries for resection of malignant tumors are associated with a particularly high risk of venous thromboembolism (VTE). Certain abdominopelvic cancer surgeries are associated with a six to 14-fold increased risk of DVT versus surgeries for benign disease. Despite increased awareness on VTE risk, improved surgical techniques and use of primary thromboprophylaxis, the incidence of postoperative DVT remains high; it should be evaluated if extended VTE prophylaxis with more intensive doses could improve outcomes in gynecologic cancer surgery.

Methodology Song-Tin is a prospective, phase IV, observational cohort study, evaluating efficacy and safety of tinzaparin use in dose 0.4 ml, (8.000 Anti-Xa IU, OD) during hospitalization plus one month post hospital discharge, in patients with low bleeding risk, as specified in current clinical practice protocol for postoperative thromboprophylaxis, in high thrombotic risk gynecological cancer patients undergoing surgery.

Results Preliminary results from 69 surgically treated women are reported; one woman was lost to follow up and in 4 cases there were anticoagulant drug modifications (1 change drug, 2 dose increase and 1 dose decrease). ECOG status was: 0:65%, 1:22% and 2:13%; 87% were postmenopausal. Women' characteristics grouped as cancer, treatment, patient and biomarkers related presented in table 1. Median surgery duration was 2.5 hours (Q1-Q3: 2–3 hours), median blood loss was 400 ml (Q1-Q3: 250–600 ml). Up to report time, median duration of prophylaxis with tinzaparin was 34 days (Q1-Q3: 22–38); no thrombotic events were reported (efficacy: 100%, 95%CI:0–5%). Two major bleeding events and one clinically relevant non major bleeding event occurred. None of these adjudicated as related to anticoagulant; tinzaparin dose remained the same before and after bleeding event.

Abstract 2022-RA-1153-ESGO Table 1

Cancer related		Treatment related		Patient related		Biomarker related	
Primary site		Surgery type (major)		Demographics and medical history			
Endometrium	51%	Simple hysterectomy + BSO + PLND	19%	Age (years)	65 [56-73]	Leucocytes >11x10⁹/L	19%
Ovarian	27%	Simple hysterectomy + BSO + Omentectomy	18%	BMI (Kgr/m²)	26.9 [24.2-31.8]	Hemoglobin <10 g/dL	17%
Cervical	8%	Simple hysterectomy + BSO + PLND + Omentectomy	13	Smoking	48%	Platelet count ≥350x10⁹/L	47%
Vulvar	3%	Simple hysterectomy + BSO + Omentectomy + Upper Abd. Surg. + Bowel Surgery	7	Heart Disease	11%		
Mixed & other	11%	Radical hysterectmy + BSO + PLND	7%	Vascular Disease	6%		
FIGO stage		Simple hysterectomy + BSO	6%	Diabetes	25%		
I	51%	Other	19%	Hypertension (>160mmHg)	24%		
II	7%	Medication		Renal disease	3%		
III	36%	Neo adjuvant treatment	6%	Respiratory Disease	9%		
IV	6%	Medication predisposing to bleeding	17%	Endocrine Disease	38%		
Metastasis		Other medication	81%	Other co-morbidities	64%		
Metastatic	4%			Thrombosis history	13%		
				Surgery history apart current	53%		

Conclusion Intensive perioperative thromboprophylaxis with tinzaparin 8.000 Anti-Xa IU, OD for up to 1 month post gynecologic cancer surgery found to be effective and safe. Additional data is needed to confirm these findings.

2022-RA-1199-ESGO 5 TIMES OVARIAN PEDICLE TORSION DUE TO PEDUNCULATED PARATUBAL CYST IN 15 YEARS OLD GIRL

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Introduction/Background Paratubal cysts may mimic ovarian cysts, and most of them are diagnosed postoperatively. They originate from the mesosalpinx between the ovary and the fallopian tube. Only a few are large, and most paratubal cysts are less than 10 cm. We report a paratubal cyst in a 15-year-old woman, whose only preoperative complaint was abdominal pain and vomiting. Conservative surgery was performed with cyst removal while preserving the ovaries and tubes and detorsion. A paratubal cyst should be included in the differential diagnosis of a large pelvic masses, especially in the reproductive age group

Methodology The patient was 15 years old single lady presented with sudden severe left lower abdominal pain which radiated to the groin and associated with vomiting and mild fever she was single medically and surgically free menarche at 11 years old with regular cycle LMP was one week ago. On Examination she was in severe lower left-abdominal tenderness and rebounding ultrasound showed left adnexal cystic structure with multiple septation suggesting hemorrhagic cyst