

and conducted a web-based survey on thromboprophylaxis practice. We adjusted the reported risk estimates for thromboprophylaxis and follow-up length to determine baseline cumulative incidence at 4 weeks post-surgery for each procedure. We stratified VTE risk by patient risk factors as low (no patient risk factors), medium (age >75, BMI >35, or VTE in a 1st degree relative), or high (any combination or personal VTE history). We used the GRADE approach to rate evidence certainty.

Results We identified 7,556 titles and abstracts, of which 188 proved eligible, reporting on 37 gynaecological cancer surgery procedures. The quality of evidence was generally very low or low. 4-week risks of major bleeding and especially of VTE varied widely between procedures, and between approaches within the same procedure (tables 1–2).

Abstract 2022-RA-933-ESGO Table 1 4-week postoperative risk of symptomatic venous thromboembolism (VTE) and bleeding requiring reoperation (BRR) after certain gynaecological cancer procedures

Procedure	Outcome	Patients (studies)	Estimate (%) Median (Low-Medium-High)	Certainty in estimate
Cervical conization, vaginal	VTE	1359 (1)	0.1 (0.1 - 0.2 - 0.3)	Low
Trachelectomy, radical, vaginal	VTE	226 (2)	2.9 (2.6 - 5.2 - 10.4)	Very low
	BRR	267 (3)	1.2	Very low
Surgery for ovarian cancer, any, open	VTE	101238 (18)	7.4 (5.3 - 10.7 - 21.3)	Low
	BRR	2326 (12)	1.2	Very low
Surgery for ovarian cancer, any, minimally-invasive	VTE	4885 (2)	2.9 (2.2-4.4-8.8)	Very low
Pelvic exenteration, any, open	VTE	1327 (10)	11.1 (8.4 - 16.8 - 33.6)	Very low
	BRR	154 (2)	0.7	Very low
Vulvectomy, any	VTE	618 (2)	3.2 (2 - 3.9 - 7.9)	Low
Radical vulvectomy, with lymphadenectomy, open	VTE	250 (2)	12.3 (7.2 - 14.4 - 28.7)	Very low

Abstract 2022-RA-933-ESGO Table 2 4-week postoperative risk of symptomatic venous thromboembolism (VTE) and bleeding requiring reoperation (BRR) after hysterectomy for malignant disease

Procedure	Outcome	Patients (studies)	Estimate (%) Median (Low-Medium-High)	Certainty in estimate
Total hysterectomy, without lymphadenectomy, laparoscopic	VTE	2049 (1)	0.3 (0.3 - 0.5 - 1.1)	Moderate
	BRR	1793 (8)	0.2	Very low
Total hysterectomy, with lymphadenectomy, laparoscopic	VTE	5712 (15)	1.3 (0.9 - 1.8 - 3.6)	Low
	BRR	588 (3)	0.3	Low
Total hysterectomy, with lymphadenectomy, open	VTE	12569 (8)	3.2 (2.4 - 4.9 - 9.7)	Very low
Radical hysterectomy, with lymphadenectomy, minimally-invasive	VTE	6730 (21)	1.5 (1.2 - 2.5 - 5.0)	Very low
	BRR	747 (4)	0.7	Very low
Radical hysterectomy, with lymphadenectomy, open	VTE	10227 (18)	3.3 (2.7 - 5.4 - 10.8)	Very low
	BRR	2888 (6)	0.5	Very low

Conclusion Our results suggest that extended thromboprophylaxis is warranted in many gynaecological cancer procedures, such as ovarian cancer surgery, total hysterectomy with lymphadenectomy and radical hysterectomy. In some procedures, such as laparoscopic total hysterectomy without lymphadenectomy, the risks of VTE and bleeding are closely balanced. In these cases, decisions depend on individual risk prediction and patient values and preferences.

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KNOWLEDGE AND AWARENESS ABOUT CERVICAL CANCER AND ITS PREVENTION AMONG PREMENOPAUSAL WOMEN: WHATSAPP MESSENGER AS A PLATFORM TO ENHANCE AWARENESS AND KNOWLEDGE

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Introduction/Background Activities directed towards optimizing women's health depend on their social and cultural standing. Considering the weaknesses of traditional health campaigns, medical professionals may use different initiatives to educate women. This study aimed to determine awareness and knowledge levels of menopausal transition and cervical cancer (CC), and CC prevention among premenopausal women, and investigate the feasibility of WhatsApp as a platform to raise awareness by engaging a GP.

Methodology In phase one, participants aged 40 to 51 were enrolled while visiting GP clinics. Self-administered questionnaires were distributed. Participants were invited to join WhatsApp. An educational pamphlet was sent through WhatsApp in sections, and discussions were encouraged.

Results Overall 273 participants were recruited in phase one. Only 48% had a normal BMI and the majority were aged 40 to 41 (23%), married (86%), and had 4 children (57%). About 42% had at least one illness, with urinary incontinence (18%) and hypertension (12%) having the highest prevalence. Musculoskeletal symptoms, depleted energy, sleep disturbances and mood swings were prevalent. Surprisingly, 40% of participants reported no gynaecological exam in their life. Although 75% said they heard about CC, only 39% knew at least one cause of it and 28% knew some available treatments. About 56% mentioned that infection is the most common cause of CC. Despite the majority hearing about or having done Pap tests, only 43% knew it helps to diagnose CC. For phase two, only 42 women joined WhatsApp but 33 remained until the end. Ultimately, 12 participants responded to the same questionnaire resent through WhatsApp.

Conclusion Knowledge regarding perimenopause symptoms, CC, and CC prevention has not been attained by the target group despite the role of technology; WhatsApp proved ineffective in educating middle-aged women. A concerted effort using both traditional and online mediums and active discussions with healthcare providers is invaluable.

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RADIOGUIDED OCCULT LESION LOCALISATION (ROLL) FOR GYNECOLOGIC TUMOR RELAPSES: DEVELOPMENT OF A TECHNIQUE

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Introduction/Background Excision of peritoneal or nodal solitary lesions frequently involves performing a surgery on a