

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  $\geq 3$  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 <sup>a</sup> N=38	Overall monotherapy N=605
Any irAE <sup>b</sup>	58 (38.7)	61 (31.9)	39 (26.9)	25 (37.3)	4 (28.6)	8 (21.1)	195 (32.2)
Grade $\geq 3$ 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 $\geq 5\%$ 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)	8 (12.0)	1 (7.1)	1 (2.6)	34 (5.6)
Grade $\geq 3$ irAEs in $\geq 1\%$ 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 $\geq 1\%$ 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)

<sup>a</sup>Other includes 19 patients with MMR status unknown EC, 12 patients with MMR status unknown NEC, and 7 patients with MMRp NEC.

<sup>b</sup>irAEs are identified as any grade  $\geq 2$  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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10.1136/ijgc-2022-ESGO.438

**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	Simple hysterectomy + BSO + PND	Age (years)	65 (56-73)
Ovarian	Simple hysterectomy + BSO + Omentectomy	BMI (kg/m <sup>2</sup> )	26.9 (24.2-31.8)
Cervical	Simple hysterectomy + BSO + PND + Omentectomy	Smoking	48%
Vulvar	Simple hysterectomy + BSO + Omentectomy + Upper Abd. Surg. + Bowel Surgery	Heart Disease	11%
Mixed & other	Radical hysterectomy + BSO + PND	Vascular Disease	6%
FIGO stage	Simple hysterectomy + BSO	Diabetes	25%
I	Other	Hypertension ( $\geq 160$ mmHg)	24%
II	Medication	Renal disease	3%
III	Neo adjuvant treatment	Respiratory Disease	9%
IV	Medication predisposing to bleeding	Endocrine Disease	38%
Metastasis	Other medication	Other co-morbidities	64%
Metastatic		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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10.1136/ijgc-2022-ESGO.439

**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

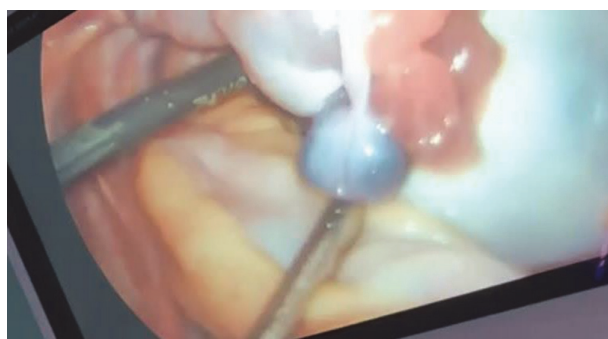
**Methodology** The patient was 15 years old single lady presented with sudden severe left lower abdominal pain which radiated to the groin and associated with vomiting and mild fever she was single medically and surgically free menarche at 11 years old with regular cycle LMP was one week ago. On Examination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

4.9x5.6 cm ? Signss of ovarian torsion, CT pelvis showed the cyst and confirmed ovarian torsion.

**Results** Urgen laparoscopic surgery was done and we found the left ovarian pedicle torted 5 times with a pedicle of paratubal cyst which was making 5 loops around the ovarian pedicle and torted together. Detorsion done and the paratubal cyst was removed with its pedicle and signs of revascularization was observed in the left ovary histopathology result showed cyst excision benign cystic structure with ciliated epithelium and fibromuscular wall-consist with dilated fallopian tube segmen.



Abstract 2022-RA-1199-ESGO Figure 1



Abstract 2022-RA-1199-ESGO Figure 2

**Conclusion** This case suggests that a paratubal cyst should be included in the differential diagnosis of pelvic masses, especially in the reproductive age. A paratubal cyst may mimic an ovarian cyst preoperative.

## 2022-RA-1210-ESGO THE UTERINE SARCOMA REPRESENTS 1 TO 5% OF MALIGNANT TUMORS OF THE UTERUS

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10.1136/ijgc-2022-ESGO.440

**Introduction/Background** The uterine sarcoma represents 1 to 5% of malignant tumors of the uterus.

**Distribution 1.** T. mixed epithelial and mesenchymal elements (T Mixed müllerian) (50–60 %): represented by the carcinosarcoma, adenosarcoma; 2. leiomyosarcoma (35%); 3. endometrial stromal sarcoma (ESS) (chorion cytogene low grade Bad prognosis except SBS 10%): low grade, and undifferentiated. Improved Surgery of the primary tumor and metastasis is essential. Place of the adjuvant chemotherapy remains has only the local control. Sensitivity differently according under histological type. Place determined of targeted therapeutic to define: the trabectidine.

**Methodology** The retrospective study of 17 cases of uterine sarcoma support in the medical oncology and surgical department at CPMC during the period between 2011–2018.

Results average age of diagnosis: 51 years. The diagnosis been done on the histological examination revealed to the operating room and post-operative. Three varieties: 10 cases of leiomyosarcoma, 3 cases of carcinosarcoma, 4 cases of endometrial stromal sarcoma (ESS) (chorion cytogene of the endometrial).The stage IV of the tumor was found in 50% of tumors and 25% for the stage IA. The prognosis is closely related to the stage of the tumor. The treatment was essentially a radical surgery in 5 cases, 12 cases have benefited of chemotherapy, in cases of recurrence or metastasis. The protocols used concurrent chemoradiotherapy (CCRT) has been performed in patient presenting a carcinosarcoma. **The answer:** Total response (7 cases); Partiel response (2 cases); Stable disease (4 cases); failed (4 cases). Follow up: nine patients alive in remission, 4 patients died, 4 living patients in recurrence.

**Conclusion** the uterine sarcoma is a tumor of bad prognosis significance, the surgical of the primary tumor and metastases is essential; the chemotherapy is reserved in the event of a recurrence or metastatic. We report in this study, the Algerian experience in support of uterine sarcomas.

## 2022-RA-1224-ESGO PERIOPERATIVE MORBIDITY IN GYNECOLOGICAL ONCOLOGY: A SINGLE-CENTER PROSPECTIVE STUDY

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10.1136/ijgc-2022-ESGO.441