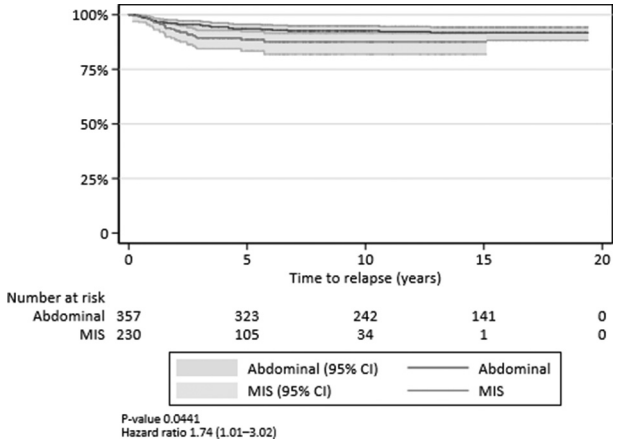
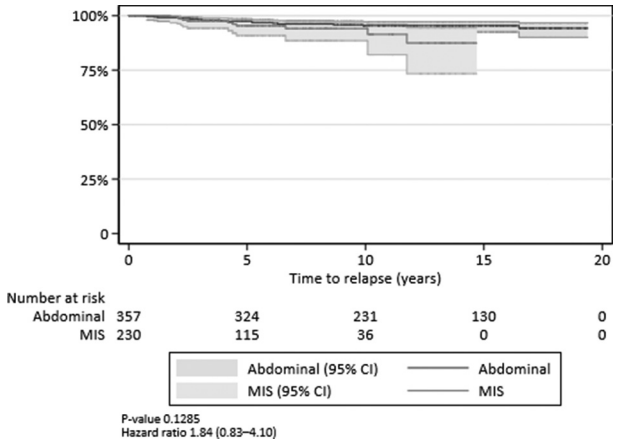


Abstract 14 Figure 1



Abstract 14 Figure 2

Conclusions MIS was associated with a higher recurrence rate and mostly of peritoneal-combined type than ARH. MIS tended to have a higher mortality rate than ARH although not statistically significant in patients with early-stage cervical cancer cases.

IGCS19-0577

15 ORAL APIXABAN COMPARED TO SUBCUTANEOUS ENOXAPARIN FOR THROMBOPROPHYLAXIS IN WOMEN UNDERGOING SURGERY FOR SUSPECTED GYNECOLOGIC CANCER: FINAL RESULTS OF A MULTI-INSTITUTIONAL RANDOMIZED, CONTROLLED TRIAL

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10.1136/ijgc-2019-IGCS.15

Objectives Venous thromboembolism (VTE) is a serious complication following gynecologic oncology surgery with 26% DVT and 9% pulmonary embolism rates. Current guidelines recommend subcutaneous enoxaparin for thromboprophylaxis. We evaluated safety of apixaban (oral factor Xa inhibitor) versus enoxaparin for post-operative thromboprophylaxis in women with suspected gynecologic cancer.

Methods A randomized study determined safety (major bleeding) of apixaban versus enoxaparin. Secondary outcomes included VTE, adverse events (AE), satisfaction. Women (18–89) were randomized to 28-days of 2.5mg apixaban BID *or* 40mg enoxaparin QD and followed for 90-days. Chi square and Fisher's exact statistics were used; $P<0.05$ determined significance.

Results Four hundred women completed therapy (mean age 56.6 years; mean BMI 28.5). Groups were similar for race, cancer diagnosis/stage, and surgery. Seventy-eight percent of surgeries were open laparotomies; 70% involved hysterectomy. Two major bleeding events occurred on treatment: 1/205 in apixaban arm vs.1/195 in enoxaparin arm (OR=0.95; 95%CI: 0.06–15.1; $P=0.972$). Five VTE events occurred: 2/205 vs. 3/195 respectively (OR=0.63; 95%CI: 0.12–3.75; $P=0.616$). Women receiving apixaban were 98% less likely to report pain (OR= 0.02, 95% CI 0.01–0.05,$P<0.001$) and 99% less likely to report difficulty administering treatment (OR= 0.01, 95% CI 0.001–0.13,$P<0.001$) compared to enoxaparin. There were 97 related AEs; AEs were rare (2%) and similar: wound infection ($P=0.745$), wound dehiscence ($P=0.100$), arthralgia ($P=0.321$), dizziness ($P=0.078$), vaginal bleeding ($P=0.410$), and headache ($P=0.875$).

Conclusions Apixaban is a safe alternative to enoxaparin for thromboprophylaxis following gynecologic oncology surgery. Women taking apixaban had less pain and difficulty administering treatment. Efficacy of apixaban to prevent VTE is hypothesized as equivalent to enoxaparin.

IGCS19-0693

16 ROBOTIC-ASSISTED RADICAL HYSTERECTOMY (RRH) FOR EARLY STAGE CERVICAL CANCER (CC): PATTERNS OF RECURRENCE, SURVIVAL, AND THE SURGEON EXPERIENCE FACTOR

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10.1136/ijgc-2019-IGCS.16

Objectives To evaluate factors associated with recurrence and survival after RRH for CC.

Methods Pts with early stage CC who underwent RRH(4/2007–12/2017) were evaluated. Inclusion criteria: >one year follow up, adenocarcinoma or squamous carcinoma, stage IA2 or IB1(FIGO 2014 guidelines), and pathologic tumor size(TS) of ≤4 cm. The first 10 learning curve cases per surgeon (A) were compared to all subsequent cases (B).

Results 144 RRH pts were identified and 90 met inclusion criteria. There were 40 A and 50 B patients. Median follow up was 61± 34.3 months (A=71.5, B=52.5). There were 7 (7.8%) recurrences with median DFS of 12±8.3 months. Recurrence in A(n=6,15%) exceeded B(n=1,2%) (p=0.025). DSDR was 10% A v 2% B(p= 0.184). The 4.5 yr DFS was 84.8%(95 CI±7%) in A v 98%(95 CI ±3%) in B. Positive vaginal margin status(A=10% v B=0%, p=0.034) was the only difference. All recurrences had TS ≥2cm. Of the 42 TS ≥2cm, 5/14(36%) adenocarcinoma recurred compared to 2/28