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**57** INDOCYANINE GREEN COMPARED TO TECHNETIUM-99M AND BLUE DYE IN THE DETECTION OF SENTINEL LYMPH NODES IN EARLY STAGE CERVICAL CANCER: A SYSTEMATIC REVIEW AND META-ANALYSIS

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**Introduction** Indocyanine green (ICG) is a promising tracer in sentinel lymph node (SLN) procedure in patients with early stage cervical cancer. Our objective was to assess the differences in overall and bilateral detection rates of ICG versus technetium-99 m (99mTc) with or without blue dye.

**Methods** We searched Medline, Embase and the Cochrane Library from inception to April 1st, 2020. Studies reporting on a direct comparison of SLN detection with ICG versus 99mTc ± blue dye in early stage cervical cancer were included. Two reviewers independently selected eligible articles and assessed study quality using the ROBINS-I tool. The overall and bilateral detection rates were pooled with random-effects meta-analyses.

**Results** From 112 studies retrieved, nine met selection criteria. One study was excluded due to a critical risk of bias. The remaining eight cohort studies of limited quality (two prospective; six retrospective) included 654 patients. No significant differences were found in the pooled overall detection rate of ICG versus 99mTc ± blue dye (98.7% (95%CI, 96.5–100.0%) versus 95.6% (95%CI, 92.1–99.2%), respectively). Use of ICG significantly increased bilateral detection rates compared with 99mTc ± blue dye; 91.5% (95%CI, 82.3–100%) versus 71.7 (95%CI, 64.7–78.7%), respectively, with an OR of 5.17 (95% CI, 1.88–14.21, P 0.01). Five studies reported on patients in partial overlap of each other. No adverse events related to ICG were described.

**Conclusion/Implications** In early stage cervical cancer, ICG appears to be superior to the 99mTc with or without blue dye in terms of bilateral SLN detection. Additional prospective studies are needed.

IGCS20\_1020

**58** MULTIDISCIPLINARY SURGICAL APPROACH TO INCREASE COMPLETE CYTOREDUCTION RATES FOR ADVANCED OVARIAN CANCER IN A TERTIARY GYNAECOLOGICAL ONCOLOGY CENTRE

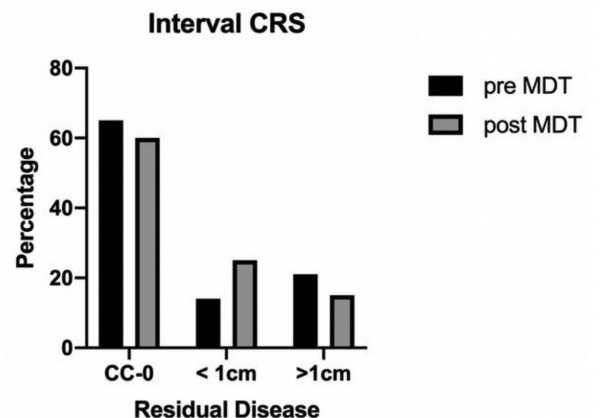
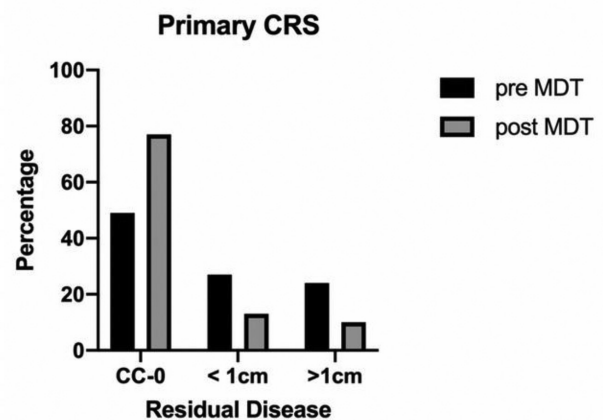
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**Objective** The aim of this paper is to report on changes in complete cytoreduction rates and morbidity following the implementation of a multi-disciplinary surgical team including gynaecological oncologists, colorectal and upper GI surgeons in a tertiary gynaecological oncology unit. In 2017 we

Abstract 58 Table 1 Comparison of pre – MDT and post – MDT cohorts

	Pre MDT (Cohort A) (n=146)	Post MDT (Cohort B) (n=93)	P Value
<b>Median Age (Range)</b>	60 (28-84)	60 (35-81)	0.595
<b>FIGO stage</b>			
III (%)	113 (77)	70 (75)	0.229
IV (%)	33 (23)	23 (25)	
<b>Histological Subtype</b>			
Serous (%)	115 (78.7)	74 (79.6)	0.96
Endometrioid (%)	7 (5)	4 (4.3)	
Clear Cell (%)	1 (0.6)	5 (5.4)	
Mucinous (%)	4 (2.7)	2 (2.1)	
MMMT (%)	0	1 (1.1)	
Other (%)	19 (13)	7 (7.5)	
<b>Surgical Approach</b>			
Primary	55 (38)	39 (42)	0.511
Interval	91 (62)	54 (58)	
<b>Residual Disease</b>			
No Macroscopic Disease	86 (58.9)	63 (67.7)	0.2
0-0.9cm	28 (19.2)	18 (19.4)	
>1cm	32 (21.9)	12 (12.9)	



Abstract 58 Figure 1 Impact of multidisciplinary surgical team on rates of complete macroscopic resection in advanced ovarian cancer