related acute pneumonia after surgery. The patient died due to Covid-19 in the 7th postoperative day. Covid-19 represent a real emergency. Treatments of cancer patients would performed only wheater it is not safely delayable. To date there are insufficient data to recommend for/against an open versus laparoscopy approach; however, the surgical team should choose an approach that minimizes OR time and maximizes safety for both patients and healthcare staff.

IGCS20_1243

239 USE OF SENTINEL LYMPH NODE MAPPING FOR GYNAECOLOGICAL CANCER: ONE CENTRE EXPERIENCE

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Introduction Preoperative lymphoscintigraphy as a sentinel lymph node mapping has been in use in Estonia since 2004. In 2007 this method was applied for cervical, and vulvar cancer in our hospital. The purpose of this study was to summarise our institution's experience from 2013 to 2018.

Methods Data was collected retrospectively on endometrial, cervical, and vulvar cancer patients who had sentinel lymph node mapping from 2013 until 2018. Electronic health records were analysed following the ethics committee's approval. The aim was to see how many preoperatively mapped lymph nodes were identified during the operation and how many positive nodes were found.

Results During the period 24 vulvar, 94 cervical, and 298 patients with endometrial cancer were operated on, of which 40 patients had lymphoscintigraphy for sentinel lymph node mapping. The median age was 52 years for cervical, 62 years for endometrial and 76 years for vulvar cancer patients with predominantly FIGO stage I. Preoperatively mapped inguinal lymph nodes were identified intraoperatively. Three patients had preoperatively mapped iliac nodes on the left and two on the right, which were not identified intraoperatively. Two patients had positive sentinel nodes on frozen section and two other patients had negative frozen section, but cancer cells were found during the final histology.

Conclusion This is the first analysis of this method in our clinic, where approximately 69 women per year are operated on for vulvar, cervical, or endometrial cancer. Preoperative lymphoscintigraphy for sentinel node mapping has good correlation with intraoperative identification of lymph nodes.

IGCS20_1244

240 NERVE SPARING RADICAL HYSTERECTOMY; MUALLEM TECHNIQUE WITH A PRECISE EXPLANATION OF PARAMETRIUM AND PARACOLPIUM

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Even when the radical hysterectomy, as standard therapy for locally invasive cervical cancer, has a long history began since

more than a century by published monograph from Ernst Wertheim, many discrepancies still exist in the literature regarding terminology, anatomy and the technique of surgical dissection. The current anatomical description of radical hysterectomy is more concerned with the uterus and did not recognise the importance of vaginal cuff resection (1/3 to 1/2 of the vagina) and its paracolpium as an essential part of radical hysterectomy.

The dorsal parametrium is only the sacrouterine ligament, and the dorsal paracolpium is the sacrovaginal ligament.

Lateral paracolpium is the vaginal blood supply originated from (artery) and discharged into (vein) the internal iliac artery and vein beneath the ureter. In this way, we identify the ureter as a landmark splitting the now called lateral parametrium (cardinal ligament) to lateral parametrium above the ureter, which contains the uterine artery and vein, and to lateral paracolpium beneath the ureter and contains vaginal artery and vein. These both vessels were wrongly called from the Japanese colleagues as deep uterine vein. The ventral paracolpium is in this way nothing else than the deep layer of vesicouterine ligament and the superficial layer of the vesicouterine ligament is only the ventral parametrium. In the ventral paracolpium, we could identify 2 veins discharging in the vaginal vein and making vein anastomoses with branches from an inferior vesical vein. These are the lateral and the medial vaginovesical vein.

IGCS20_1245

241 PALBOCICLIB IN THE DAILY CLINICAL USE: REAL EXPERIENCE IN METASTATIC BREAST CANCER IN OUR INSTITUTION

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Introduction In Argentina 18.000 new cases of breast cancer (BC) are diagnosed each year and it is the commonest cause of cancer death in women reaching 5600 deaths per year.

In postmenopausal women with advanced or metastatic estrogen receptor-(ER) positive, Her2-negative BC, the combination of Palbociclib (P) + Letrozol (L) or Fulvestrant (F) is a good option of treatment.

The objective was to assess clinical benefit, evolution and safety with P + L or F in the context of daily clinical practice.

Methodology We performed an observational study.

Patients (pts) who started CDK4/6 inhibitors P treatment between April 2016 and June 2020 were included.

Results 54 pts with median age 61 years (r:31–85) were analyzed. 11 premenopausal women.

29 pts (53,7%) performed P + L and 25 (46,3%) P + F.

5 pts presented with the novo metastatic disease. The main localization of metastases was bone in 24 pts, lymphatic in 14, liver in 10 and lung in 6.

Clinical benefit:

8 pts (14,8%) stable disease, 18 pts (33,4%) partial response and 3 pts (5,5%) complete response.

Dose reduction to 100 mg P occurred in 7 pts.

27 pts (50%) had cycle delays (7–14 days), mainly due to Grado 3 neutropenia (60%).

Most common nonhematologic adverse events:

asthenia (40%) and fatigue (35%).

26 pts (48,2%) still under treatment.

28 pts (51,8%) discontinued treatment, owing to disease progression in 25 pts and toxicities in 3.

Conclusion a clinical benefit was observed in 48,2% of our pts with an adequate tolerance and the adherence to treatment was maintained with acceptable toxicity profile.

IGCS20_1247

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COMPARED WITH SARS AND MERS, THE PERINATAL OUTCOMES OF PREGNANT WOMEN WITH COVID-19 PRESENTED BETTER PROGNOSIS BASED ON AN UPDATED META-ANALYSIS

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Background The novel coronavirus disease (COVID-19), which is caused by a novel beta-coronavirus, SARS-CoV-2, has posed significant public health threats worldwide. We aimed to summarize and compare the effects of SARS, MERS, and COVID-19 on perinatal outcomes.

Methods We search for articles that reported the association between pregnancy and SARS, MERS, or COVID-19 in five databases. A meta-analysis was performed to calculate the pooled prevalence and 95% confidence interval (95% CI).

Results 27 papers involving 106 patients and five unreported cases of pregnant women with COVID-19 were included. The pooled estimate of fatality rates in the SARS and MERS groups were 25% (95% CI 0.01, 0.49) and 40% (95% CI -0.03, 0.83), respectively, whereas only one pregnant women in the COVID-19 group reported death. Stillbirth were more frequent in the SARS (20%, 95% CI -0.15, 0.55) and MERS groups (40%, 95% CI -0.03, 0.83) than COVID-19 group (8%, 95% CI -0.07, 0.23), and the incidence rate of PROM was the same in SARS (20%, 95% CI -0.15, 0.55) and COVID-19 groups (20%, 95% CI 0.09, 0.30). However, the rate of premature delivery of pregnancies was higher in the COVID-19 group (46%, 95% CI 0.30, 0.61) than in the SARS group (35%, 95% CI 0.12, 0.58). There were no confirmed cases of vertical transmission in pregnant women with SARS, MERS, or COVID-19.

Conclusions The condition of pregnant women with COVID-19 was slightly milder than that of pregnant women with SARS and MERS.

IGCS20_1250

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COST-EFFECTIVENESS OF PREOPERATIVE TYPE AND SCREEN IN PATIENTS UNDERGOING LAPAROSCOPIC HYSTERECTOMY

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Intro Preoperative type and screen (T&S) is traditionally ordered for patients undergoing laparoscopic hysterectomy. We aimed to evaluate if it is cost-effective and clinically warranted in this population.

Methods A retrospective case-control study was conducted of all patients who underwent laparoscopic hysterectomy at a tertiary care center and its associated referral hospital between 01/01/2001 and 09/01/2019. Cases were defined as patients who received a perioperative red blood cell transfusion (72 hours before or after surgery). Differences between groups were analyzed using an independent samples t-test for means, Wilcoxon rank sum test for medians, and chi-square for categorical variables.

Results Among 8,321 patients who underwent laparoscopic hysterectomy, 61 (0.73%) had a perioperative transfusion. Age and smoking status were similar between groups; however, cases were more likely to be African-American, Asian and have a body mass index greater than 30 ($p < 0.05$). Of those transfused, 23 (37.1%) were intraoperatively (seven for preoperative anemia, 13 for large blood loss, two for vascular injury and one for unknown reasons). Conversion to laparotomy occurred in 27 cases, of which five underwent transfusion. Only four transfusions (0.05% of hysterectomies) were performed urgently where un-crossmatched O-negative blood would have been required. Eliminating T&S in this population would have saved \$624,075 to \$832,100 during the study period.

Conclusion/Implications Routine T&S is not cost-effective nor clinically useful for the majority of patients undergoing laparoscopic hysterectomy. Further analysis might identify a subset of patients who are at higher risk of blood loss and would benefit from a T&S.

IGCS20_1252

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THE METAXAS'S HOSPITAL THROMBOPROPHYLAXIS PROGRAM IN ONCOLOGICAL & SURGICAL PATIENTS – METHOS [CLINICALTRIALS.GOV: NCT04248348]. INTERMEDIATE RESULTS FOR GYNECOLOGICAL CANCER PATIENTS UNDERGOING SURGERY

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Introduction Compared to benign disease, gynecologic cancer surgery has 6-fold higher risk for DVT and 14-fold for PE. Estimated DVT risk was reported 15–40% in major gynecologic procedures without thromboprophylaxis.

Methods MeTHOS is a prospective observational study aiming to evaluate a possible reduction of VTE risk in High Thrombotic Burden (HTB) gynecological cancer patients undergoing surgery. Women receiving postoperatively tinzaparin (8,000 Anti-Xa IU, OD) were enrolled after signing informed consent.

Results Intermediate results from 97 women are reported. Major characteristics are depicted in table 1.

Major operations were performed in women with higher BMI ($p = 0.0067$) while severe and extremely severe ones in women with lower BMI, and younger age ($p = 0.0257$) (see