

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.

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242

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.

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244

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.

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245

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 undergone 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