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

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 woman 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_1252

The Metaxas’s hospital thromboprophylaxis program in oncological & surgical patients – Method [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 MeTThOS 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