rate and live birth rates achieved. However, definitive surgical treatment cannot be avoided given the high recurrence rate described in the literature.

1078 IMPLEMENTATION OF THE SENTINEL NODE TECHNIQUE FOR ENDOMETRIAL CANCER IN BELGIUM: A MULTICENTRIC RETROSPECTIVE STUDY FROM 2015 TO 2020

[1,2]M Luyckx*, [3]M Fastrez, [4]F Goffin, [5]M Jouret, [6]Z Al Abkadri, [6]T Willems, [7]F Buxant, [8]D Buccella, [9]M De Cuypere, [9]A Kakkos, [9]F Kridelka, [10]L Debuyl, [10]B Vandermeersch, [11]K Crener, [12]N Dubois, [12]JP Van Gossum, [13]F Grandjean, [14]V Malvaux, [14]JC Lousse, [1]J Squifflet. *[1]Cliniques universitaires Saint-Luc (UCLouvain), Gynecology and Andrology, Bruxelles, Belgium; [2]De Duve Institute UCLouvain, TIL's group, Woluwe-Saint-Lambert, Belgium; [3]Hospital Erasme, gynecology and obstetrics, Bruxelles, Belgium; [4]CHR de la Citadelle, gynecology and obstetrics, Liège, Belgium; [5]Centre Hospitalier de Wallonie picarde (CHwapi), gynecology and obstetric, Tournai, Belgium; [6]Grand Hôpital De Charleroi – Notre Dame, gynecology and obstetrics, Charleroi, Belgium; [7]Hôpital Etterbeek-Ixelles/Ziekenhuis Etterbeek-Elsene, gynecology and obstetrics, Ixelles, Belgium; [8]CHU Saint-Pierre, gynecology and obstetrics, Bruxelles, Belgium; [9]Hospital Center Universitaire De Liege, Site N.-D. Des Bruyères, gynecology and obstetrics, Liège, Belgium; [10]Clinique Sainte-Anne Saint-Rémi, gynecology and obstetrics, Anderlecht, Belgium; [11]Chu Ambroise Paré, gynecology and obstetrics, Mons, Belgium; [12]Clinique Saint Jean, gynecology and obstetrics, Bruxelles, Belgium; [13]Europe Hospitals – St-Michel Site, gynecology and obstetrics, Etterbeek, Belgium; [14]Saint-Pierre Ottignies Clinic, gynecology and obstetrics, Ottignies-Louvain-la-Neuve, Belgium*

10.1136/ijgc-2021-ESGO.655

Introduction/Background* Sentinel node is a very powerful tool in endometrial cancer, giving information on nodal status involvement, with low morbidity. Within a few years, it became part of the standard treatment, at least for low and intermediate-risk patients. Its implementation, safety and reliability, and the evolution of the patient have to be monitored to confirm its great added value and its place in the standard of care for endometrial cancer

Methodology We performed a multicenter retrospective review of all endometrial cancer cases in which SN procedures (with/without pelvic and paraaortic lymphadenectomy) was planned to be performed, from the centers of the gynecological oncology group (ONCO-GF) of the Gynecology and Obstetrics association, french speaking part in Belgium (CR-GOLFB). Academic and non-academic hospitals participate. The study was accepted by the Ethical Committee of the coordinating center of the study (Cliniques Universitaires St Luc) and registered on clinicltrial.gov (NCT02545348).

Result(s)* To date, 233 patients were included in the study but some center have still to send a part of their data. Preliminary data show that 96% of the surgery we performed by minimally invasive approach. Overall detection rate is 90% but only 69% of bilateral detection. Regarding the tracer, the best bilateral detection rate was obtained with Indocyanine green (84%). With the methylene blue alone, no detection occurs in 22% of cases. In a preliminary pathological analysis of the sentinel node, 17% of SN were infiltrated, 8% with macro metastasis, 2% of micro metastasis, and 8% isolated tumor cells (ITC). We did not record any major intraoperative complication, but one late post-operative dead, in a patient with complete pelvic and para-aortic lymphadenectomy with a duodenal breach that leads to late aortic-duodenal fistula.

Conclusion* Our preliminary data show a very good detection rate of 96%, even if bilateral detection was only 69%, in a group of patients from academic and non-academic centers. Learning curves and the evolution of the patient must still be evaluated. The complete data will be presented at the congress.

1196 A RANDOMISED PHASE II STUDY OF COMBINATION CHEMOTHERAPY WITH NINTEDANIB/PLACEBO IN ADVANCED/RECURRENT ENDOMETRIAL CANCER. FANDANGO/ENGOT-EN1/FANDANGO

[1]M Mirza, [2]D Berton, [3]I Vergote, [4]R Depont Christensen, [5]A Floquet, [6]J Maenpaa, [7]I Braicu, [8]S Altintas, [9]P Follana, [10]A Ør Knudsen, [11]B Ataseven, [12]F Selle, [13]C Lundgren, [14]J Huober, [15]M Fabbro, [16]H Denys, [17]P Heudel, [4]M Magnusson, [18]K Lindemann, [7]J Sehouli. *[1]Rigshospitaletd, Denmark; [2]GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and ICO Centre René Gauducheau, Saint-Herblain, France; [3]BGOG: Belgium and Luxembourg Gynaecological Oncology Group and Universitaire Ziekenhuizen Leuven, , Belgium; [4]NSGO-CTU; [5]5GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and Institut Bergonié, Bordeaux, France; [6]Tampere University Hospital, Finland; [7]Charité, Germany; [8]BGOG: Belgium and Luxembourg Gynaecological Oncology Group and Antwerp University Hospital, Belgium; [9]GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and Centre Antoine Lacassagne Nice, France; [10]NSGO-CTU: Nordic Society of Gynaecological Oncology – Clinical Trial Unit and University Hospital Odense, Denmark; [11]NOGGO: Northeast German Society of Gynaecological Oncology and Kliniken Essen Mitte, , Germany; [12]GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and Groupe Hospitalier Diaconesses, Paris, France; [13]NSGO-CTU: Nordic Society of Gynaecological Oncology – Clinical Trial Unit and Karolinska University Hospital, Stockholm, Sweden; [14]NOGGO: Northeast German Society of Gynaecological Oncology and University Hospital Ulm, Germany; [15]GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and ICM Val d'Aurelle, Montpellier, France; [16]BGOG: Belgium and Luxembourg Gynaecological Oncology Group and Gent University Hospital, Belgium; [17]GINECO: Groupe d'Investigateurs National des Etudes des Cancers Ovariens et du sein and Centre Léon Bérard, Lyon; [18]Oslo university hospital, Norway*

10.1136/ijgc-2021-ESGO.656

Introduction/Background* Endometrial cancer (EC) patients (Pts) with advanced and recurrent disease relapse despite treatment with combination chemotherapy and have a short progression-free survival (PFS). Nintedanib (N) is a potent, orally available triple receptor tyrosine kinase inhibitor targeting VEGFR 1–3, PDGFR α/β, and FGFR 1–3. This study explored the preliminary efficacy of nintedanib in EC.

Methodology The primary objective of this placebo-controlled, randomized study was to evaluate efficacy defined by median PFS of concomitant and maintenance N against placebo (P) in combination with chemotherapy. Patients with histologically confirmed stage IIIC2 or IVA & B or relapsed after adjuvant therapy for stage I-III disease; prior surgery; adjuvant chemotherapy; radiation therapy; hormonal therapy in metastatic setting; with measurable/non-measurable disease were permitted. Pts were randomized 1:1 to receive N 200mg or P, twice daily days 2–21 during chemotherapy (six cycles of Carboplatin (AUC5) and paclitaxel (175mg/m2) every 21 days) and continuously in maintenance phase. N/P was continued until disease progression, unacceptable toxicity, or withdrawal of consent. Stratification by stage of disease, prior adjuvant chemotherapy and measurable/non-measurable disease. This is an ENGOT Model A study. Clinical trial information: NCT02730416.

Result(s)* 146 of 148 pts were eligible for PFS: 72N/74P; mean age 66yrs; FIGO stage III 18%, IV 42%, recurrent 40%; follow-up 30 mo. N added to chemotherapy did not improve PFS (119 events) as compared to chemotherapy plus

P: median for N 8.3 vs. for P 7.2 mo; hazard ratio (HR) adjusted for stratification factors 1.03; 95% confidence interval (CI),[0.71 to 1.48]; p0.879. Median overall survival (85 events) for N 20 vs. for P 22 mo; HR: 1.10; CI: 0.72–1.69; p0.665. Treatment-emerged grade 3–4 adverse events were higher in N vs P arm: liver function tests 13%/0%; diarrhea 12%/6%; neutropenia 21%/14%; asthenia 4%/1%. Patient-reported outcomes will be reported.

Conclusion* Addition of nintedanib to chemotherapy did not improve PFS nor OS. This regimen cannot be recommended to undergo further testing in a phase III trial.

Miscellaneous

1123 NEGATIVE PRESSURE THERAPY IN THE PREVENTION OF SURGICAL WOUND COMPLICATIONS IN BREAST ONCOPLASTIC SURGERY. A PROSPECTIVE RANDOMIZED STUDY

[1]A Cañadas Molina, [2]MJ Pla*. [1]*Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain*; [2]*Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain*

10.1136/ijgc-2021-ESGO.657

Introduction/Background* Surgical wound complications in breast oncoplastic surgery can compromise the final aesthetic results as well as delay the onset of adjuvant treatment. The aim of our study is to determine whether negative pressure therapy, applied preventively, can reduce the incidence and severity of these complications.

Methodology A randomized prospective study has been designed. In it, patients have been randomized to 2 treatment groups: the first of them, consisting of placement of a negative pressure dressing (PICO 7Y ®), after surgical intervention and, the second one, consisting of the placement of a conventional dressing. The study has been approved by the Clinical Research Ethics Committee. The target population are all those patients who are candidates for oncoplastic surgery. After surgery, 4 follow-up visits have been carried out, at 7, at 15, at 21 and at 120 days, respectively. In all visits, the incidence and severity of complications have been recorded, as well as measurement of skin characteristics by Mexameter® and evaluation of the aesthetic results and experience of the patients through the Breast-Q form. The start of recruitment took place in January 2021. The analysis of the data has been carried out by intention to process. The level of statistical significance has been set at $p<0.005$.

Result(s)* At present, 26 women are included in the study (12 PICO® and 14 controls). The mean overall age was 56.85 (95% CI 53.14–60.56), with no significant differences in both arms ($p=0.0641$). Both groups have been found to be homogeneous in the rest of the variables that can interfere with the healing process. The most frequent surgical site complication has been hematoma in both groups, with no significant differences found when comparing the incidences ($p=0.239$). The mean time to adjuvant treatment from surgery was 48.1 (range: 28–72) days, being in the PICO group 37.3 (28–49) days and in the control group 54.3 (34–72) days ($p=0.096$).

Conclusion* Despite not finding statistically significant differences in our study, negative pressure therapy applied preventively shows a tendency to present a lower rate of complications and a shorter time interval at the onset of adjuvant therapy.

1186 CHANGES IN SURVEILLANCE OF PATIENTS WITH GYNECOLOGICAL CANCER DURING COVID-19 PANDEMIC

[1]M Gracia*, [1]M Carbonell, [1]MD Diestro, [1]Y Pérez, [1]V García, [1]J Siegrist Ridruejo, [1]S Garrido, [1]I Zapardiel, [2]J Marcos Sanmartin, [3]CA Lopez-Manzanara, [4]E López, [5]J Gilabert-Estelles, [1]A Hernández. [1]*La Paz University Hospital, Madrid, Spain*; [2]*General University Hospital of Alicantet, Alacant, Spain*; [3]*Hospital General Universitario de Ciudad Real, Ciudad Real, Spain*; [4]*Hospital Universitario Juan Ramón Jiménez, Huelva, Spain*; [5]*Consorci Hospital General Universitari de València, València, Spain*

10.1136/ijgc-2021-ESGO.658

Introduction/Background* The impact of the COVID-19 pandemic on Spanish hospitals over the past year has forced healthcare institutions to make drastic changes in the management of oncology patients. The main objective of this study is to describe the changes in ambulatory attendance of patients with gynecological cancer and the ease of contact with the gynaecological oncology section reported by users.

Methodology The GineonCoVID study is a multicenter Spanish study that collect data from a national survey. The anonymous survey consists of 23 questions regarding the personal experience of the patient and modifications in health care during follow up of patient with gynecological malignancies from April to May 2021. The survey has been divided into 3 sections. In this sub-analysis, questions regarding follow-up modifications and the perspective of the patients with gynecological cancer about changes were analyzed.

Result(s)* 376 patients responded to the survey. The median age was 58 years. 43% of the patients were diagnosed with endometrial cancer, 27.3% with ovarian cancer and 24.1% with cervical cancer. 85% of the patients had an appointment that was delayed by the pandemic. 67.7% considered that the situation justified the delay of the appointment. 93.3% who contacted the gynecological oncology unit were able to solve the problem by telephone. Upon entering the consultation, 41.3% were questioned about COVID symptoms or contacts. 97.6% considered that adequate measures were taken to avoid contagion during the medical visit. Regarding how they would value the care received (scale of 1–10), 2.2% scored it with a 7; 6.7% with 8; 23.2% with 9 and 67.7% with 10.

Conclusion* The COVID-19 pandemic and the redistribution of health system resources have forced the development of variations in the assistance and follow-up patients with gynecological cancer in order to decrease the number of hospital visits and minimize the risk of infection. Telephone consultations and delay in routinary tests were very useful tools during this period without compromising the quality of care.

1187 IMPACT OF COVID-19 PANDEMIC ON GYNECOLOGICAL CANCER HEALTHCARE: PATIENT'S PERSPECTIVE

[1]M Carbonell, [1]M Gracia*, [1]MD Diestro, [1]V García, [1]Y Pérez, [1]I Zapardiel, [1]S Garrido, [1]J Siegrist Ridruejo, [2]A Gomez, [3]O Arencibia Sanchez, [1]A Hernández. [1]*La Paz University Hospital, Madrid, Spain*; [2]*Hospital General De Segovia, Segovia, Spain*; [3]*Maternal and child Hospital, Jandia, Spain*

10.1136/ijgc-2021-ESGO.659

Introduction/Background* COVID -19 pandemic has shown a huge impact in health-care systems. In the field of gynecology oncology, we had to postpone routinary tests and check-