Conclusions Low healthcare affordability is associated with lack of high-quality and timely surgery especially among NHB and Hispanic patients, indicating the need for interventions promoting equitable access to guideline-adherent care for all OC patients.

EPV251/#612 ASSOCIATIONS OF HEALTHCARE AFFORDABILITY WITH UTILIZATION OF SUPPORTIVE CARE MEDICATION AMONG WHITE, BLACK, AND HISPANIC OVARIAN CANCER PATIENTS

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Objectives Black cancer survivors report higher rates of depression, pain, and fatigue compared to other races/ethnicities. We sought to evaluate the association between healthcare affordability (HA) and supportive care (SC) medication utilization among ovarian cancer (OC) patients by race.
Methods Data for Non-Hispanic White (NHW), Non-Hispanic Black (NHB), and Hispanic OC patients diagnosed in 2008–2015 in the SEER-Medicare database was analyzed. Factor analysis was used to determine a composite score for HA. SC medication utilization included receipt of antidepressants, psychostimulants, and analgesics. Multivariable log-binomial regression was used to evaluate associations between race/ethnicity, affordability, and SC medication use in the 6 months following OC diagnosis with adjustment for patient clinical characteristics. Sub-group analyses were performed evaluating these associations among late-stage (stage III-IV) patients.
Results The cohort included 3,697 patients: 86% NHW, 6% NHB, and 8% Hispanic. In adjusted models, patients with lower affordability scores were less likely to receive antidepressants compared to those with higher affordability scores (all stage: aOR 0.84; 95% CI 0.73–0.96 and late-stage: aOR 0.85; 95% CI 0.72–0.99). Additionally, NHB were less likely to receive antidepressants compared to NHW patients (all stage: aOR 0.46; 95% CI 0.33–0.63 and late-stage: aOR 0.36; 95% CI 0.24–0.56). There was no association between affordability and psychostimulant or analgesic utilization.
Conclusions Low healthcare affordability is associated with lower utilization of antidepressants among OC patients, and NHB patients are less likely to receive antidepressants. This indicates the need for interventions targeting more affordable and equitable access to these supportive care medications.

EPV252/#67 SENTINEL NODE MAPPING IN ENDOMETRIAL CANCER USING HYSTEROSCOPIC INJECTION OF INDOCYANINE GREEN AND NEAR-INFRARED FLUORESCENCE IMAGING

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Objectives To report on the performance of hysteroscopic injection of indocyanine green (ICG) for sentinel lymph node mapping (SNM) in endometrial cancer
Methods This is a retrospective cohort study of consecutive endometrial cancer patients who had SNM via hysteroscopic injection of IGC between 2013 and 2017. Detection rate, accuracy, and oncologic outcomes were evaluated
Results Charts of 52 patients were evaluated. At least one sentinel node was detected in 95% of patients. Bilateral pelvic mapping was found in 74% of cases. In 45% of cases, SLNs mapped in both pelvic and para-aortic nodes, and four cases (8%) in the para-aortic area, only. In three patients (6%) sentinel nodes were found in aberrant (parametrial/presacral) areas. Seven (13.5%) patients were diagnosed with nodal involvement. Low volume disease was observed in four (8%) patients (2 with isolated tumor cells and 2 with micrometastasis). After a median (range) follow-up of 34.7 (10, 61) months, five (9.6%) patients developed recurrences: two abdominal/distant, one vaginal, and one nodal (in the para-aortic area in a patient diagnosed with endometrioid G1 endometrial cancer and isolated tumor cells in a pelvic node). No patient died of disease.
Conclusions Hysteroscopic injection of ICG ensures delineation of lymphatic drainage from the tumor area, thus achieving accurate detection of sentinel nodes. Further evidence is warranted to assess the role of hysteroscopic injection in identifying extrapelvic sentinel nodes.

EPV253/#125 TWO CASES OF OBTURATOR NERVE COMPLETE TRANSECTION DURING LAPAROSCOPIC PELVIC LYMPH NODE DISSECTION FOR ENDOMETRIAL CANCER

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Objectives For early-stage endometrial cancer, laparoscopic surgery is well established in many countries. In Japan, the procedure is covered by insurance from 2014. Since then, laparoscopic surgeries for gynecological cancers have been performed by not only gynecolo-oncologists but also laparoscopic qualified gynecologists. To review the safety of our cases, this IRB-approved study was performed.
Methods Operative cases of endometrial cancer were reviewed retrospectively.
Results Out of 94 stage I endometrial cancer cases who underwent laparoscopic surgery, total laparoscopic modified radical hysterectomy + laparoscopic pelvic lymphadenectomy was performed for 22 patients. Median operative duration was 238 minutes, and median blood loss was 100mL. We experienced two cases of obturator nerve complete transection. Both of the surgeons were laparoscopic board certificated. In both cases, right obturator nerve was cut near to the branch of internal iliac vein. Surgical video can be revisited for one patient. The nerve covered with lymphatic tissue was dragged out medially under the internal iliac branch, and cut

misinterpreted as a lymphatic trunk. For both, although nerve correction was done during surgery by suturing, rehabilitation was necessary. For open surgery, we have never experienced obturator nerve injury during the pelvic lymphadenectomy in the same period.

Conclusions Obturator nerve injury during pelvic surgery is possibly frequent in laparoscopic surgery.

EPV254/#148 SEPTUAGENARIANS AND OCTOGENARIANS UNDERGOING GYNECOLOGIC ONCOLOGY LAPAROTOMY: IS THERE A ROLE FOR ROUTINE POSTOPERATIVE CARDIAC BIOMARKER MONITORING?

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Objectives Accumulating evidence correlates myocardial injury after noncardiac surgery(MINS), even when asymptomatic, with increased cardiac and non-cardiac morbidity and mortality. There is no literature on MINS specific to Gynecologic Oncology. We sought to evaluate the incidence and risk factors of MINS in patients aged ≥70.

Methods Elective laparotomies between 01/2016–09/2020 for patients aged≥70 at a tertiary hospital in ON, Canada, were reviewed using prospectively-collected National Surgical Quality Improvement Program(NSQIP) data. MINS was defined as peak serum high-sensitivity troponin-T concentration≥0.04ng/mL within 30 days postoperatively. Logistic regression analysis was performed.

Results In this cohort of 258 patients, of 242(93.8%) who underwent postoperative troponin screening, 40(16.5%) experienced MINS without exhibiting ischemic symptoms or ECG changes. The diagnosis of MINS led to a change in cardiovascular medications for 35 patients(87.5%). On univariate analysis, Revised Cardiac Risk Index(RCRI) of 3–5 (p=0.002), history of coronary artery disease(p=0.003) or insulin-dependent diabetes(p=0.006), preoperative use of antiplatelets(p=0.009), beta-blockers(p=0.02), ACE-inhibitors(ACEI) or angiotensin-receptor blockers(ARB)(p=0.020) and frailty as defined by the NSQIP modified frailty index-5(p=0.02), were associated with greater risk of MINS. Factors reflecting surgical complexity including surgical complexity score, operative duration, blood loss and advanced oncologic stage, were not predictive. Multivariable analysis using backward selection procedure identified elevated RCRI and preoperative ACE/ARB as significant risk factors (OR5.93,95%CI 1.52–23.31,p=0.01 and OR2.3,95%CI 1.18–5.06,p=0.02).

Conclusions One in 6 patients in our cohort experienced asymptomatic MINS, irrespective of surgical complexity. MINS may be underdiagnosed after Gynecologic Oncology surgery in the absence of systematic troponin screening. Our analysis highlights a possible opportunity to optimize cardiac risk factors and potentially reduce morbidity and mortality.

EPV255/#120 TISOTUMAB VEDOTIN VS INVESTIGATOR'S CHOICE CHEMOTHERAPY IN SECOND- OR THIRD-LINE RECURRENT OR METASTATIC CERVICAL CANCER (INNOVATV 301/ENGOT-CX12/GOG-3057, TRIAL IN PROGRESS)

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Objectives Doublet chemotherapy (paclitaxel plus either platinum or topotecan) with bevacizumab (if eligible) is recommended for first–line treatment of recurrent/metastatic cervical cancer (r/mCC; Tewari 2014). In the second–line setting, there are limited data for available treatment options. Tisotumab vedotin (TV) is an investigational antibody–drug conjugate directed to tissue factor. In the phase 2 pivotal trial (innovaTV 204/ENGOT-cx6/GOG-3023) in r/mCC patients with disease progression on or after chemotherapy, TV demonstrated clinically meaningful and durable activity (objective response rate [ORR]: 24%; median duration of response [DOR]: 8.3 months) with a manageable and tolerable safety profile. Most adverse events associated with TV were mild to moderate. These findings support further investigation of TV in patients with r/mCC who progress on first–line treatment.

Methods innovaTV 301/ENGOT-cx12/GOG-3057 (NCT04697628) is a global, randomized, open-label, phase 3 trial evaluating efficacy and safety of TV in patients with previously treated r/mCC. Eligible patients are ≥18 years, have r/mCC, and have progressed after 1–2 prior lines of therapy (either standard of care systemic chemotherapy doublet or platinum-based therapy with bevacizumab, if eligible). Approximately 482 patients will be randomized 1:1 to receive 21–day cycles of TV (2.0 mg/kg IV once every 3 weeks) or investigator's choice of chemotherapy: topotecan, vinorelbine, gemcitabine, irinotecan, or pemetrexed. The primary endpoint is overall survival. Key secondary endpoints are progression-free survival, ORR, time to response, DOR, safety, and quality of