Methodology Patients with a suspected or proven gynecologic malignancy undergoing surgery through a midline laparotomy at one Canadian tertiary care centre were randomized to receive bilateral surgeon-administered, transperitoneal TAP blocks with a total of 40 mL of either 0.25% bupivacaine or normal saline (placebo), prior to fascial closure.

Results 38 patients were randomized to the bupivacaine arm, and 41 patients to the placebo arm. The mean age was 60 years and mean BMI was 29.3. A supra-umbilical incision was used in 38% of cases and bowel resection was performed in 12.7% of cases. Patient and surgical characteristics were evenly distributed. The patients who received the bupivacaine TAP block required 98±59.2 morphine milligram equivalents in the first 24 hours after surgery, while the placebo group received 100.8±44 MME (p=0.85). The mean pain score at 4 hours after surgery was 3.1±2.4 in the TAP group, versus 3.1±2 in the placebo group (p=0.93). Nausea and vomiting were reported in 2.6% vs 2.4% (p=0.95). Time to first flatus, rates of clinical ileus and length-of-stay were similar between subgroups. Subgroup analysis of patients with BMI <25 and those with BMI <25 who received an infra-umbilical incision did not show a difference.

Conclusion In this trial, surgeon-administered bupivacaine TAP block was not superior to placebo in reducing postoperative opioid requirements or improving other postoperative outcomes. These results differ from previous reports evaluating ultrasound-guided TAP block administration. Surgeon-administered TAP should not be considered standard of care in postoperative multimodal analgesia.

Gynecological malignancy cases were twice higher refusal rate to COVID vaccine compared to the breast cancer cases 13.5% vs 6.1% P <0.01.

Multivariate analysis showed that CTH treatment increased risk of COVID 19 infection P <0.001, Odds Ratio 4.6, 95% CI (2.3, 9.4).

Injection site pain reported by 66.7%, fever, flu like symptoms were reported in 20.8% 12.5% respectively. Vaccine side effects reported with AstraZeneca & Pfizer 41.7%, 37.5%, respectively, while 16.7% of cases received Sinovac reported any side effects P < 0.001.

Gynecological cancer cases were at a higher risk to develop side effects post COVID 19 vaccination 29.2%, P < 0.01 with odds ratio 3.54 and 95% CI (1.2, 10.1). 90% of reported severe COVID 19 infection were diagnosed with advanced malignancy P <0.05.

Conclusion Higher vaccination refusal reported among elderly patient with advanced stage gynecological cancers. Patients with cancer have increased risk to COVID 19 infection. There are no major safety concerns to receive COVID19 vaccination during CTH.

2022-RA-217-ESGO INTRAVENOUS LEIOMYOMATOSIS OF THE UTERUS WITH INTRACARDIAC EXTENSION: A CASE REPORT

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Introduction/Background Intravenous leiomyomatosis (IVL) is a rare disease characterized by intraluminal extension of benign smooth muscle tissue from the uterus into veins. This can cause congestive heart failure, syncope, and even sudden death if the tricuspid valve is obstructed by a tumor thrombus.

Methodology A 46-year-old woman (G6:2–4–2) was admitted to the Gynecologic Oncology Department complaining of pain in her left thigh and swelling of her left leg. Previously (2012–2013) the patient was treated for non-Hodgkin’s lymphoma stage IV; progression of lymphoma or other malignant neoplasia was suspected. Performed CT angiography (CTA) of the pelvis, abdomen and chest, as well as transthoracic echocardiography. A solid tumor was found in the pelvis and a tumor thrombus in the left iliac veins, inferior vena cava with a transition to the right atrium.

Results In connection with the volumetric formations visualized on CTA in the pelvis and veins, a diagnostic laparotomy was performed. Laparotomy revealed uterine masses, a tumor biopsy and bilateral salpingo-oophorectomy were performed, and the diagnosis of IVL was morphologically confirmed. After an interdisciplinary consultation, the patient underwent a radical operation using cardiopulmonary bypass: hysterectomy with removal of a tumor thrombus from the pelvic veins, inferior vena cava and heart. Within 6 months there was no recurrence.

Conclusion Intravenous leiomyomatosis is an extremely rare disease affecting predominantly premenopausal women. It should be suspected in women with uterine leiomyoma presenting with signs of heart failure and tumor thrombus. An
effective method of treatment for IVL is the complete surgical removal of the tumor.

**2022-RA-324-ESGO**

**PHASE 2 RESULTS FROM THE LIO-1 STUDY (NCT04042116; ENGOT-GYN3/AGO/LIO): EFFICACY AND SAFETY OF LUCITANIB + NIVOLUMAB IN PATIENTS WITH ADVANCED GYNAECOLOGICAL MALIGNancies**

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**Conclusion** Lucitanib + nivolumab displays anti-tumour activity in patients with advanced gynaecological malignancies, including clear-cell cancer. Effective dose titration resulted in manageable safety, similar to previous reports.

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**ANATOMY OF THE PRESACRAL REGION**

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**Introduction/Background** The dissection of the presacral region is an integral component of multiple gynecologic cancer procedures such as lymph node staging, advanced staged disease and recurrence surgeries. The lack of knowledge of the anatomy can lead to severe complications such as vascular, ureteral, or nerve injuries that make up the complex region. To show anatomic concerns when surgeons dissect this region and to avoid severe complications we have developed a cadaveric video of the presacral region as well as the analysis and disposition of the more important anatomical landmarks.

**Methodology** We hereby demonstrate the anatomic data concerning the presacral region. Fifteen female cadaveric dissection models were evaluated. The presacral space was dissected to clearly defined anatomical landmarks. The midline of the region was marked from the promontory to its inferior edge, and measurements were taken from this imaginary line to key anatomical structures proximal to the presacral space. Special emphasis is placed on guiding the surgeon using still photographs and videos of cadaveric and live tissue dissection to optimize the understanding anatomy of the region.

**Results** The disposition of the following structures was analyzed in relation to the midline of the region: right ureter, right iliac vessels, left iliac vessels, specially left common iliac vein and hypogastric plexus. Additionally, middle sacral vessels were studied. The average distance between the midline of the region and right ureter was 3.1 cm, right common iliac vein 1.9 cm, right common iliac artery 2.6 cm, left common iliac vein 2.7 cm and left common iliac artery 3.4 cm. The location of the middle sacral vessels was quite variable.