DOES ROBOTIC SURGERY IMPROVE SURGICAL OUTCOMES AND SURVIVAL COMPARED TO CONVENTIONAL LAPAROSCOPY IN GYNECOLOGICAL CANCER?

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Introduction/Background Several scientific publications that compare robotic and conventional laparoscopy surgery reveal some advantages for the patient of robotic surgery in certain gynecological procedures and pathologies. However, some authors consider the use of the surgical robot inefficient. Our aim is to evaluate whether robotic surgery could be a real benefit in terms of perioperative outcomes and morbidity without affecting oncological safety.

Methodology Data from 534 patients were collected, 347 of them were operated by robotic surgery (RS) and 187 by conventional laparoscopic approach (CL). A comparative study between both approaches was performed in a tertiary hospital from 2007 to 2019. Patients with endometrial, ovarian and cervical carcinoma were included. Basic demographic characteristic, surgical outcomes, morbidity and survival were compared. Procedures performed were hysterectomy with double adnexectomy, hysterectomy with lymphadenectomy (pelvic or pelvic and para-aortic), radical hysterectomy and para-aortic lymphadenectomy.

Results Total operation time was significantly longer in patient operated by robotic surgery (RS 209 minutes vs 191 min CL; p=0.006). Blood loss was reduced in patients operated by robotic approach (RS 112 ml vs. CL 136 ml; p=0.020). No differences were found in hospital stay, number of pelvic or paraaortic nodes, laparatomic conversion or reintervention rate and intra or postoperative complications between both surgical approaches. Overall survival was similar in both surgical approaches although disease free survival was 85% in the robotic group and 90.7% in the laparoscopic group (HR: 0.47; IC95%:0.26–0.86; p=0.015). In a multivariate analysis the only independent factor related to disease free survival was FIGO stage.

Conclusion Robotic surgery and conventional laparoscopy are comparable in terms of perioperative morbidity, conversion rate, hospital stay, number of nodes obtained, or overall survival. Robotic surgery increases total operative time and reduces intraoperative bleeding compared to laparoscopy.

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MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS IN PATIENTS WITH SOLID TUMOURS TREATED WITH DOSTARILIMAB IN THE GARNET STUDY

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Introduction/Background Dostarilimab is an approved programmed death 1 (PD-1) inhibitor. PD-1 therapy can lead to immune-related adverse events (irAEs). Here we report on the management of irAEs across multiple tumour types evaluated in GARNET.

Methodology GARNET is a multicentre, open-label, single-arm phase 1 study with dose expansion in multiple tumour types: mismatch repair deficient solid tumours, mismatch repair proficient endometrial cancer, non-small cell lung cancer, and platinum-resistant ovarian cancer. Patients received 500 mg of dostarilimab intravenously Q3W for 4 cycles, then...
1000 mg Q6W until disease progression, discontinuation, or withdrawal.

Results At this third interim analysis of GARNET, the safety population included 605 patients. irAEs were experienced by 32.2%, with 10.1% of patients experiencing grade ≥3 irAEs (table 1). Few, 5.5%, discontinued treatment because of an irAE. No irAEs led to death. Of patients experiencing irAEs, 64.6% were treated with immune modulatory medications (IMMs; referring to steroids, immune suppressant, and/or thyroid therapy); 58.7% of these patients experienced resolution. Average time to resolution was 69 days. For the 35.4% of patients not treated with IMMs, 56.5% experienced a resolution. Average time to resolution was 67 days. The most common irAEs were hypothyroidism (7.6%; 45 of 46 [97.8%] patients treated with thyroid therapy) and arthralgia (5.6%; 8 of 34 [23.5%] patients treated with steroids).

Conclusion Across all tumour types evaluated in GARNET, 32.2% of patients experienced irAEs, 68.7% of whom experienced grade 2 events. 58.7% of patients experienced resolution of irAEs upon treatment with an IMM. Overall discontinuation due to irAEs was low.

Abstracts

**Abstract 2022-RA-1144-ESGO**

**THROMBOPROPHYLAXIS IN SURGICALLY TREATED GYNECOLOGICAL CANCER PATIENTS WITH TINZAPARIN IN HIGHER THAN CONVENTIONAL PROPHYLACTIC DOSE: PRELIMINARY RESULTS FROM THE SONG-TIN STUDY**


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**Introduction/Background** Surgeries for resection of malignant tumors are associated with a particularly high risk of venous thromboembolism (VTE). Certain abdominopelvic cancer surgeries are associated with a six to 14-fold increased risk of DVT versus surgeries for benign disease. Despite increased awareness on VTE risk, improved surgical techniques and use of primary thromboprophylaxis, the incidence of postoperative DVT remains high; it should be evaluated if extended VTE prophylaxis with more intensive doses could improve outcomes in gynecologic cancer surgery.

**Methodology** Song-Tin is a prospective, phase IV, observational cohort study, evaluating efficacy and safety of tinzaparin use plus one month post hospital discharge, in patients with low bleeding risk, as specified in current clinical practice protocol for postoperative thromboprophylaxis, in high thrombotic risk gynecological cancer patients undergoing surgery.

**Results** Preliminary results from 69 surgically treated women are reported; one woman was lost to follow up and in 4 cases there were anticoagulant drug modifications (1 change drug, 2 dose increase and 1 dose decrease). ECOG status was: 0.65%; 1:22% and 2:13%; 87% were postmenopausal. Women’ characteristics grouped as cancer, treatment, patient and biomarkers related presented in table 1. Median surgery duration was 2.5 hours (Q1-Q3: 2–3 hours), median blood loss was 400 ml (Q1-Q3: 250–600 ml). Up to report time, median duration of prophylaxis with tinzaparin was 34 days (Q1-Q3: 22–38); no thromboic events were reported (efficacy: 100%, 95%CI:0–5%). Two major bleeding events and one clinically relevant non major bleeding event occurred. None of these adjudicated as related to anticoagulant; tinzaparin dose remained the same before and after bleeding event.

**Conclusion** Intensive perioperative thromboprophylaxis with tinzaparin 8,000 Anti-Xa IU, OD for up to 1 month post gynecologic cancer surgery found to be effective and safe. Additional data is needed to confirm these findings.