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-ortic), radical hysterectomy and para-ortic lymphadenectomy.

Results
Total operation time was significatively 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, laparoscopic 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.

2022-RA-1144-ESGO
MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS IN PATIENTS WITH SOLID TUMOURS TREATED WITH DOSTARLIMAB IN THE GARNET STUDY

1Dominique Bertot, 2Thierry Andre, 3Ana Oaknin, 4Victor Moreno, 5Jose Trigo, 6Giuseppe Curigliano, 7Anna V Tinker, 8Valentina Boni, 9Maria Pillar Barea-Rinesta, 10Joanna Pikel, 11Hravana Pothuri, 12Mansoor R Mirza, 13Petra Panovcova, 14Tao Duan, 15Christine Dabrowski, 16Christine Dabrowski, 17Eleftherios Zografos, 18Jennifer Veneris, 19NEXT Oncology Hospital Universitario Quironsalud, 20Affiliation at time of study. Current affiliation. 21GINECO and Institut de Cancerologie de l’Ouest, Centre Rene Gauducheau, Saint-Herblain, France; 22Sorbonne University and Saint-Antoine Hospital, Paris, France; 23Gynaecologic Cancer Programme, Vall d’Hebron Institute of Oncology (VHIO), Hospital Universitar Vall d’Hebron, Vall d’Hebron Barcelona Hospital Campus, Barcelona, Spain; 24START Madrid-FD, Fundacion Jimenez Diaz Hospital, Madrid, Spain; 25Medical Oncology Department, Hospital Vigen de la Victoria IBIMA, Malaga, Spain; 26Division of Early Drug Development for Innovative Therapies, European Institute of Oncology IRCCS, and University of Milano, Milan, Italy; 27Department of Medicine, British Columbia Cancer, Vancouver Centre, University of British Columbia, Vancouver, BC, Canada; 28START Madrid-CIOCC Centro Integral Oncologico Clara Campal, Hospital Universitario JM Sanchinarro, Madrid, Spain; 29Department of Medical Oncology, Catalan Institute of Oncology (ICO) Girona, Girona Biomedical Research Institute (IDIBGI), Department of Medical Sciences, Medical School University of Girona (UdG), Girona, Spain; 30Department of Chemotherapy, Regional Center of Oncology, Gdansk, Poland; 31Gynecologic Oncology Group (GOG) and Department of Obstetrics/Gynecology, Laura and Isaac PERLMUTTER Cancer Center, NYU Langone Health, New York, NY; 32Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Denmark, Nordic Society of Gynaecologic Oncology-Clinical Trial Unit, Copenhagen, Denmark; 33Nemocnice Horovice, Horovice, Czech Republic; 34PENNINGTON, NJ; 35GSK, Waltham, MA; 36GSK, London, UK; 37Gynaecology Unit, The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, London, UK

10.1136/ijgc-2022-ESGO.437

Introduction/Background
Dostarlimab 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 dostarlimab intravenously Q3W for 4 cycles, then

2022-RA-1143-ESGO
DOES ROBOTIC SURGERY IMPROVE SURGICAL OUTCOMES AND SURVIVAL COMPARED TO CONVENTIONAL LAPAROSCOPY IN GYNECOLOGICAL CANCER?

1Myriam Grazia, 2Ignacio Zapardiel, 3Miguel Angel Herráiz, 4Javier Garcia, 5Mar Ramirez, 6Monica Bellon, 7Pluvio Coronado.

1La Paz University Hospital, Madrid, Spain
2Clinico San Juan de Dios University of Girona (UdG), Girona, Spain
3Girona Biomedical Research Institute (IDIBGI), Department of Medical Sciences, Medical School University of Girona, Spain
4START Madrid-FJD, Fundación Jiménez Díaz Hospital, Madrid, Spain
5Medical Oncology Department, Hospital Vigen de la Victoria IBIMA, Malaga, Spain
6Division of Early Drug Development for Innovative Therapies, European Institute of Oncology IRCCS, and University of Milano, Milan, Italy
7Department of Medicine, British Columbia Cancer, Vancouver Centre, University of British Columbia, Vancouver, BC, Canada
8START Madrid-CIOCC Centro Integral Oncologico Clara Campal, Hospital Universitario JM Sanchinarro, Madrid, Spain
9Department of Medical Oncology, Catalan Institute of Oncology (ICO) Girona, Girona Biomedical Research Institute (IDIBGI), Department of Medical Sciences, Medical School University of Girona (UdG), Girona, Spain
10Department of Chemotherapy, Regional Center of Oncology, Gdansk, Poland
11Gynecologic Oncology Group (GOG) and Department of Obstetrics/Gynecology, Laura and Isaac PERLMUTTER Cancer Center, NYU Langone Health, New York, NY
12Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Denmark, Nordic Society of Gynaecologic Oncology-Clinical Trial Unit, Copenhagen, Denmark
13Nemocnice Horovice, Horovice, Czech Republic
14Pennington, NJ
15GSK, Waltham, MA
16GSK, London, UK
17Gynaecology Unit, The Royal Marsden NHS Foundation Trust and Institute of Cancer Research, London, UK

10.1136/ijgc-2022-ESGO.436

Introduction/Background
Several published manuscripts describing PMP arising from ovarian teratoma with a total of 29 cases. Immunohistochemistry profile including CK7 and 20 appear to be variable. Most cases were treated with cytoreductive surgery, with a small number of cases having adjuvant chemotherapy or HIPEC. The risk of intra-abdominal recurrence in patients treated for PMP arising from ovarian teratoma remains unknown, however this review indicates a more favourable prognosis compared to the classic PMP from LAMN.

Conclusion
PMP arising from ovarian teratoma remains a rare entity with paucity of evidence to guide optimal treatment. Prognosis is difficult to ascertain due to the lack of longitudinal follow-up data.
THROMBOPROPHYLAXIS IN SURGICALLY TREATED GYNECOLOGICAL CANCER PATIENTS WITH TINZAPARIN IN HIGHER THAN CONVENTIONAL PROPHYLACTIC DOSE: PRELIMINARY RESULTS FROM THE SONG-TIN STUDY


10.1136/ijgc-2022-ESGO.438

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 in dose 0.4 ml, (8.000 Anti-Xa IU, OD) during hospitalization 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, 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.