

**Methodology** This is a report of a 77-year old lady who presented with intestinal obstruction following robotic hysterectomy for high grade endometrial cancer. The surgical notes, surgeons' reflection and patient's management were critically appraised and key notes were reviewed to prevent future similar complication.

**Results** A patient underwent a robotic total hysterectomy and bilateral salpingoophorectomy for presumed stage 1B endometrial cancer. Day 5 post-discharge, she re-presented with abdominal pain, vomiting and constipation. Computerised tomography scan showed dilated bowel loops, in-keeping with bowel obstruction, due to an incarcerated left incisional hernia. She had an explorative laparoscopy, which identified a left iliac fossa port site hernia. The small bowel loops were reduced and showed no evidence of ischaemia. Interestingly, the port site measured 15 mm, despite a 7 mm incision being previously performed. The port site was closed using 'Prolene' suture. Postoperatively, the patient's symptoms resolved and she was discharged. On reflection, the surgeon recalls using a bevelled entry technique to insert the port, which may have increased the diameter of the incision. Furthermore, the robotic arm movement may have increased torque at the port site and the rectus sheath was not sutured when closing despite the port site being >7 mm.

**Conclusion** Surgeons must acknowledge the risk of lateral port site herniation, ensure lateral port site entry is always perpendicular and suture the rectus sheath if the opening is >7 mm.

2022-RA-1410-ESGO **THE NEW ALGORITHM FOR THE RISK ASSESSMENT IN UTERINE LESIONS (R.A.U.L)**

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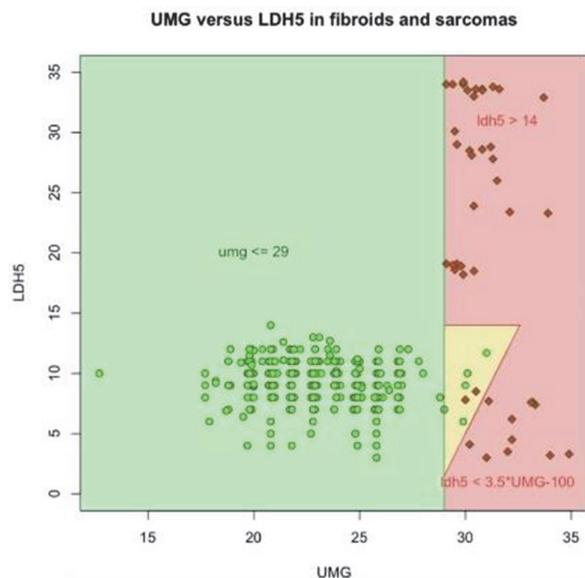
**Introduction/Background** The Uterine mass Magna Graecia (U.M.G.) risk index, resulting from the inverse relationship between LDH1 and LDH3, help clinicians in discriminating between no-risk and high-risk uterine masses. The aim of the present study was to verify whether other LDH isoenzymes interact with the U.M.G. index in better stratifying the risk of uterine sarcoma.

**Methodology** The U.M.G. database, (data from 2254 patients, 2211 uterine fibroids and 43 sarcomas) was assessed again. A detailed exploratory analysis was performed and a machine learning technique was employed for identifying which were the most accurate indicators to classify, in association with the U.M.G. risk index, the risk of malignancy among uterine masses.

**Results** Tree indicators of sarcoma risk were identified: total LDH, LDH5 and point 'p' [p(LDH5, UMG)] (figure 1). Table 1 shows cut-off values for each indicator. UMG risk index, total LDH, LDH5 and point 'p', were integrated into an algorithm for the Risk Assessment in Uterine Lesions (R.A.U.L.) that allows to classify our population of women, with an accuracy closed to 100%, into 3 classes of risk: class A (no-risk), B (low-risk) and C (high-risk). When two or three indicators are in 'class c' there is a high risk of sarcoma; when three indicators are in 'class a' there is no risk of sarcoma;

when indicators do not fall into the above two conditions, a low risk of sarcoma has to be considered 'class b'.

**Abstract 2022-RA-1410-ESGO Table 1** Class Indicator 1 (LDH tot vs. UMG) Indicator 2 (UMG vs. LDH5) Indicator 3 (p) (c) UMG > 40 – 0.05



**Abstract 2022-RA-1410-ESGO Figure 1**

**Conclusion** An accurate risk assessment in uterine lesions would suggest clinicians which is the most appropriate diagnostic and therapeutic approach for each affected woman. The new patented algorithm R.A.U.L., once validated by prospective studies, would allow to better stratify the risk of sarcoma in order to limit open approaches and offer conservative treatment in women with no or low-risk and ensure oncological safe procedures in women at high-risk.

2022-RA-1417-ESGO **EVALUATION OF THE GYNAECOLOGY ONCOLOGY SURGERIES COMPLICATIONS AT UHL**

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**Introduction/Background** University Hospital of Leicester (UHL) is a tertiary center for gynaecology oncology, we aim to evaluate the complication rates across different operative modalities that was performed by the gynaecology oncology

surgeons at UHL. This information is important for patient counselling.

**Methodology** We identified all major gynaecology oncology cases performed at our tertiary centre in 2021. Cases were assessed for operation type, diagnosis and co-morbidities. Complications then assessed using Clavien-Dindo classification. Data about complications obtained from Electronic Discharge Notes and follow up clinic letters. Standard used was the UK Gynaecological Oncology Surgical Outcomes and Complications audit of 25.9% on inclusion of all patient-reported complications.

**Results** A total of 363 operations were identified with a rate of minor complications (Clavien-Dindo 1,2) of 18% and the rate of major complications (Clavien-Dindo 3,4) was one case had left ureteric injury 0.003%. 8 cases had (0.022%) intra-operative complications were described as follows: 2 bladder injuries, 1 ureteric injury, 5 bowel injuries. 2 (0.006%) deaths were recorded within 28 days of the operation (one due to COVID 19 infection and another death related to lung metastasis). No return to theatre cases were observed.

**Conclusion** Our major complication rate was observed to be below the national average, which is a good reflection of expertise and the value of the super specialization within our department. This results are helpful when consenting patients for procedures, as it gives knowledge on the true numbers at the local level.

#### 2022-RA-1421-ESGO GYNAECOLOGICAL SKILLS TRAINING IMPACT ASSESSMENT OF TRAINEES IN NORTHERN IRELAND

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**Introduction/Background** Training in gynaecological skills has been significantly impacted by COVID-19. The Royal College of Obstetricians & Gynaecologists (RCOG) in the UK recommended a training impact assessment of trainees as part of the gynaecological surgery recovery plan.

**Methodology** The RCOG gynaecology recovery plan was discussed at NI school board and an online training impact survey was developed. It was then disseminated to all trainees within NI deanery and results feedback to individual units.

**Results** 36 responses to date from all levels of trainees and all units within NI. The results for rating current training were; very poor 8%, poor 44%, fair 36%, good 6% and very good 6%. An average of 3 gynaecology clinics were attended in the previous 8 weeks. Only 14% felt their skills were appropriate for their training grade. For attendance in gynaecology theatre; 44% <1 per month, 36% 1–2 per month, 17% 1 per week and 3% >1 per week. For proportion of time as lead operator only 33% of trainees were lead operator for >50% of cases. For procedural competence; 50% diagnostic laparoscopy, 17% operative laparoscopy, 11% hysterectomy (abdominal, laparoscopic and vaginal 11% each), 19% vaginal repair and 31% laparoscopic management of ectopic pregnancy. 64% required gynaecological summative OSATs this year. 19% were doing a gynaecology ATSM of which 57% felt they would complete. 78% of all responders felt they would not be competent at gynaecological surgery by the end of training.

**Conclusion** COVID-19 has significantly impacted training in gynaecology surgery with the majority of trainees in a large UK deanery feeling they won't be competent at gynaecological surgery on completion of their training. Work needs to be done to improve training overall, perhaps with the use of simulation.

#### 2022-RA-1434-ESGO PALONOSETRON VERSUS GRANISETRON FOR PREVENTION OF NAUSEA AND VOMITING DURING PACLITAXEL AND CARBOPLATIN THERAPY: A PILOT STUDY

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**Introduction/Background** Emetogenicity of carboplatin is classified in moderate risk. Moreover, dexamethasone, 5-HT<sub>3</sub> receptor antagonist, and NK1 receptor antagonist are recommended to be combined. TC therapy (paclitaxel and carboplatin) is one of the major regimens in gynaecological malignant tumors. There is no definite evidence of superiority of second-generation 5-HT<sub>3</sub> antagonist to first-generation in triple antiemetic therapy. However, pharmaceutical prices of palonosetron, second-generation 5-HT<sub>3</sub> antagonist are approximately 5.7 times expensive compared to granisetron, first-generation 5-HT<sub>3</sub> antagonist. Consequently, it may result in financial stringency. Non-inferiority prospective study was planned to compare efficacy and side effects between palonosetron and granisetron.

**Methodology** Gynaecological malignant tumor patients over the age of 20 without history of chemotherapy and who were receiving TC therapy after June 2018 in our institution were recruited. Prior to chemotherapy, patients were intravenously administered hoesaprepitant 150 mg, dexamethasone 13.2 mg, followed by palonosetron 0.75 mg or granisetron 3 mg with random allocation. This study was analyzed prospectively. Primary endpoint was delayed complete control.

**Results** Thirty-one patients were included in the analysis: 15 patients in palonosetron group and 16 patients in granisetron group. There were no significant differences in patient characteristics (age, PS, BMI, and type of cancer). No significant differences were seen in primary endpoint ( $p=0.93$ ) and secondary endpoint; complete nausea suppression rate ( $p=0.59$ ), complete vomiting suppression rate ( $p=0.081$ ), administration of additional antiemetic ( $p=0.96$ ), acute complete responses ( $p=0.56$ ), acute complete control ( $p=0.096$ ), and delayed complete responses ( $p=0.50$ ).

**Conclusion** Possibility of non-inferiority of granisetron to palonosetron has shown in this study.

#### 2022-RA-1484-ESGO PECULIARITIES OF BREAST CANCER IN YOUNG WOMEN AT THE MEDICAL ONCOLOGY DEPARTMENT- TLEMCCEN

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**Introduction/Background** Breast cancer in young women is defined as cancer occurring in a woman under the age of 35.