addition to the ICG fluorescence lymphangiography, we also analyzed physical findings.

**Results** By the present, we have performed the test on 14 patients including 6 cervical cancer, 7 corpus cancer and 1 fallopian tube cancer. So far, we have obtained the following three new findings. (1) If a patient already has lymphedema preoperatively, there is no improvement after lymphadenectomy; (2) Lymphedema that was present at 1 month after surgery may improve over time; and (3) Though the lymphangiography pointed out the lymphedema without subjective symptoms, lymphedema may become apparent later.

**Conclusion** The results of the intermediate analysis to the present show significant findings that innate lymph duct function and morphology may be involved in the development of lymphedema. The final evaluation will be made at the time of 30 cases registered for this study.

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DOES THE USE OF LONG-TERM ASPIRIN REDUCE RISK OF POST OPERATIVE VTE IN GYNAECOLOGICAL CANCER PATIENTS

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**Introduction/Background** Gynaecological cancer patients are at elevated risk of VTE. Aspirin has shown to be effective in reducing arterial thrombosis risk. In a study looking at role of aspirin in reducing VTE risk in elderly cancer patients. Patients who received aspirin had a lower incidences of acute PE, DVT. In hospital mortality was lower in patients receiving long term aspirin who had lung, colon, pancreatic, prostate, kidney, breast cancer, lymphoma, and leukaemia. Aim of the study: To investigate the effect of long-term aspirin therapy on VTE rates post gynaecological cancer surgery.

**Methodology** A retrospective cohort study. 1085 gynaecological cancer patients who underwent surgery in St. James’ Hospital between 2006 and 2019. The primary outcome variable was objectively confirmed VTE within 1 year of gynaecological cancer surgery. A secondary outcome was the effect of VTE on progression free and overall survival.

**Results**

- 1022 completed 1 year follow up.
- 498 (45.9%) ovarian cancer, 412 (38%) endometrial cancer and 107 (9.9%) cervical cancer. The mean age at time of surgery 57 (18–93). The mean BMI was 30 (14–73). 92 patients were on long term aspirin for medical comorbidities. 6 patients had missing data on aspirin use. A total of 74 patients had VTE during 1st year follow-up (7.2%). 5 patients who suffered a VTE were on long term aspirin therapy. There was no significant difference in VTE rates at 1 year in patients who were on long term aspirin compared with those who did not take aspirin (5.7% v 7.3%). Overall survival rate (P= 0.33) or on progression free survival (P=0.173) were similar in both groups.

**Conclusion** Our study showed that long term aspirin did not significantly affect VTE rates in gynaecological cancer patients. The number of patients in our study was small and these findings require confirmation with large scale studies.

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QUALITY OF LIFE IN PATIENTS WITH ADVANCED OVARIAN CANCER AFTER PRIMARY DEBULKING SURGERY VERSUS NEOADJUVANT CHEMOTHERAPY: RESULTS FROM THE RANDOMIZED SCORPION TRIAL

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**Introduction/Background** In the SCORPION trial, neo-adjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) was shown to achieve similar survival results with lower toxicities when compared with primary debulking surgery.