**EP389/#656**

**SENTINEL NODE MAPPING USING INDOCYANINE GREEN AND NEAR-INFRARED FLUORESCENCE IMAGING TECHNOLOGY FOR ENDOMETRIAL CANCER: A PROSPECTIVE STUDY USING A SURGICAL ALGORITHM IN INDIAN PATIENTS**

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**Objectives** Indocyanine Green (ICG) fluorescence with high-definition 3D imaging systems is emerging as the latest strategy to improve surgical outcomes during Oncosurgery. It holds a great promise as a modern staging strategy for endometrial cancer. Aim was to assess the feasibility, diagnostic accuracy of SLN algorithm, evaluate the location and distribution of SLN and role of frozen section.

**Methods** Prospective study involving 100 carcinoma endometrium patients who underwent robotic assisted type 1 pan hysterectomy, with ICG directed sentinel lymph node (SLN) biopsy from November 2020 to March 2022. SLN were sent for frozen section. Patients with positive sentinel nodes underwent complete lymph node dissection.

**Results** Overall SLN detection rate was 98% with bilateral detection in 92% cases. Complete node dissection was done where SLN mapping failed. The most common location for SLN in our series was obturator on right and internal iliac on left hemipelvis. SLN in the para aortic area were detected in 14%. In 6% cases SLN were found in atypical locations. 8% of patients had SLN positive for metastasis and underwent complete retroperitoneal lymphadenectomy. Comparison of final histopathology report with frozen section reports showed no false negatives.

**Conclusions** ICG with cervical injection showed a high overall detection rate, and bilateral mapping appears to be a feasible alternative to the traditional methods of SLN mapping in patients with endometrial cancer. ICG fluorescence imaging system is simple, safe and may become a standard in oncology. This approach can reduce morbidity, operative time, and costs associated with complete lymphadenectomy while maintaining prognostic & predictive information.

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**APIXABAN FOR POSTOPERATIVE THROMBOPROPHYLAXIS AS STANDARD OF CARE FOR GYNECOLOGIC ONCOLOGY PATIENTS: A REAL-WORLD DATA STUDY**

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**Objectives** Venous thromboembolic events represent the second most frequent cause of mortality in cancer patients. Literature showed that direct oral anticoagulants (DOACs) are as effective and safe as low molecular weight heparin for postoperative thromboprophylaxis. However, this practice has not been broadly adopted in gynecologic oncology. The aim of this study was to evaluate clinical effectiveness and safety of apixaban for thromboprophylaxis after laparotomies in comparison to enoxaparin in gynecologic oncology.

**Methods** The division of gynecologic oncology at a large tertiary center transitioned from enoxaparin 40 mg SC daily to apixaban 2.5 mg PO BID for 28 days after laparotomies in November 2020. This real-world study compared patients from November 2020 to July 2021 (n=112) to a pre-intervention cohort from January to November 2020 (n=144), using the institutional National Surgical Quality Improvement Program (NSQIP) database. To assess postoperative DOAC utilization in Canada, a survey was distributed to twenty gynecologic oncology centers.

**Results** Patient characteristics were similar between groups. The pulmonary emboli rate was higher in the enoxaparin group (3%(n=5) vs.0%(n=0), p=0.012), however no difference was found between rates of total venous thrombosis events (4%(n=6) vs.3%(n=3), p=0.256). No difference was found in postoperative readmission (5%(n=7) vs.6%(n=7), p=0.317). Of the 7 readmissions in the enoxaparin group, one was due to severe bleeding requiring transfusion; there were no readmissions for bleeding in the apixaban group (p=0.159). None required a surgical take-back. 13%(n=2) of Canadian centers had transitioned to apixaban.

**Conclusions** Apixaban for 28-day postoperative thromboprophylaxis is an effective and safe alternative to enoxaparin after laparotomies in a real-world data cohort in gynecologic oncology.

**EP391/#571**

**UTILIZATION OF INDOCYANINE GREEN FLUORESCENCE ANGIOGRAPHY FOR ANASTOMOTIC PERFUSION ASSESSMENT FOLLOWING BOWEL RESECTION FOR GYNECOLOGIC MALIGNANCIES: A PAN-CANADIAN SURVEY**

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**Objectives** Real-time intraoperative assessment of anastomotic perfusion with indocyanine green fluorescence angiography (ICG-FA) is an innovative technique that effectively evaluates perfusion of bowel anastomoses. Our objective was to capture national practice patterns, characterize facilitators and barriers to ICG-FA utilization for bowel perfusion assessment.

**Methods** A survey was developed with a focus group of key stakeholders and methodologist in the field and piloted in advance of distribution. The survey captured: basic socio-demographics, work history, facilitators and barriers to ICG-FA utilization for bowel perfusion assessment.

**Results** The response rate was 75%(n=61), with respondents from all Canadian provinces. The majority identified as women (80%, n=48), and have been in practice for less than 10 years (55%, n=33). 78%(n=47) performed bowel resection and 46%(n=28) used ICG-FA for bowel anastomotic perfusion.