Abstracts

**EP389/#656**  
**SENTEIN 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 at 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 oncosurgery. This approach can reduce morbidity, operative time, and costs associated with complete lymphadenectomy while maintaining prognostic & predictive information.

**EP390/#568**  
**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 have 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 use ICG-FA for bowel perfusion assessment, and modalities for further education including peer-reviewed article, surgical video, national/international conference, local grand rounds, and practical training. On July 1, 2021, the survey was distributed to 81 gynecologic oncologists within the Society of Gynecologic Oncology of Canada.

**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.
assessment. The three most reported barriers to integrating ICG-FA into routine clinical practice were lack of training (32%), lack of equipment (28%), and lack of knowledge (26%). Surgical videos were the highest ranked desired educational modality followed by national/international conferences and peer-reviewed articles.

Conclusions Targeted training across multiple educational modalities is needed to build knowledge around ICG-FA into routine clinical practice. Peer-reviewed articles facilitate the uptake of this tool. This represents a national practice improvement opportunity.

EP392/#193 SINGLE-ARM CONFIRMATORY CLINICAL TRIAL OF PERIOPERATIVE MANAGEMENT TO PREVENT POSTOPERATIVE SYMPTOMATIC PULMONARY EMBOLISM FOR GYNECOLOGICAL CANCER PATIENTS WITH ASYMPTOMATIC VENOUS THROMBOSIS EMBOLISM PREOPERATIVELY (GOTIC-VTE TRIAL)

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Objectives There is no established optimal perioperative venous thromboembolism (VTE) prophylaxis for gynecological cancer patients with asymptomatic VTE preoperatively. The GOTIC-VTE trial was a prospective, multi-center, single-arm, confirmatory clinical trial to investigate the prevention of postoperative symptomatic pulmonary embolism (PE) onset by seamless anticoagulant therapy from the preoperative to 4 weeks after surgery instead of withholding intermittent pneumatic compression (IPC).

Methods Anticoagulant therapy was started immediately after the diagnosis of asymptomatic VTE, administration of unfractionated heparin (UFH) was resumed within 12 hours after surgery, and anticoagulant therapy was continued for 28 days by combining UFH, low-molecular weight heparin and edoxaban. IPC was not used during the perioperative period. The primary outcome was the incidence of symptomatic PE during the 28 days after surgery, which was compared with historical controls who received short-term anticoagulant therapy.

Results Between February 2018 and September 2020, 99 patients were enrolled and 82 were included in the full analysis set. There were 58 patients with ovarian cancer, 21 with endometrial cancer and 3 with cervical cancer. 47 patients had deep vein thrombosis (DVT) alone, 18 had PE alone and 17 had DVT and PE in combination at the time of registration. No symptomatic PE was observed during the 28 days after surgery. Two patients had bleeding events. The AEs of Grade 3 were only 3 cases, increased ALT, AST and GGT, respectively.

Conclusions The seamless anticoagulant therapy from the preoperative to postoperative 4 weeks for gynecological malignancies with asymptomatic VTE was effective in preventing the onset of postoperative symptomatic PE.

EP393/#809 VALIDATION OF A FRAILTY INDEX IN GYNAECOLOGIC ONCOLOGY

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Objectives Frailty is associated with adverse outcomes in the oncologic and surgical patient. Frailty indices have been developed in multiple surgical fields and have been found to be predictive of post-operative morbidity and mortality. We aim to validate the Modified Frailty Index amongst our patient population. We hypothesize that those with increased frailty are at increased risk of surgical morbidity and mortality and that identifying these patients and applying Quality Improvement (QI) designed interventions may reduce adverse outcomes.

Methods New patients who presented to the Gynaecologic Oncology service in Calgary, Alberta completed a frailty index. Between January 2020 and May 2021, frailty indices were collected on 616 patients, of which 475 underwent surgery. Frailty scores were compared to the primary outcome measures including: length-of-stay, 30-day morbidity, re-admission, and mortality. Thirty-day morbidity was assessed with the Clavien-Dindo classification. Secondary outcome measures include: documented residual disease, consultations within hospital, and non-home discharge. Data regarding patients’ baseline characteristics, malignancy, and surgery were also documented.

Results Baseline analysis show frail patients are more likely to experience post-surgical complications and to have a longer length-of-stay (p = 0.018 for both). There is a trend towards an increased frequency of re-admissions (p = 0.052). Sub-group analysis reveal a higher grade of complications based on Clavien-Dindo classification for frail endometrial cancer patients (p = 0.022).

Conclusions Preliminary analysis reveal the Modified Frailty Index is predictive of increased risk of post-surgical morbidity and complications in our population. Further application of the index and interventions may assist in surgical decision-making and improving post-operative outcomes.

EP394/#393 IMPACT OF RESIDENT PARTICIPATION ON SURGICAL OUTCOMES IN LAPAROSCOPICALLY ASSISTED VAGINAL HYSTERECTOMY

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