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menopausal status, tumor size, tumor grade and nodal status in patients with breast cancer.

**Materials and Methods:** Histologically proven 188 patients of breast cancer with IHC report were included over one year period. Demographic data, pathologic features, and biological receptor status of cases were collected from the patient’s records. Chi-square/fisher exact test, independent t and ANOVA test were adopted to explore whether BMI differed according to biological receptor status in pre- and post-menopausal women.

**Results:** BMI was found to be significantly associated with menopausal status of patients (p 0.02). However, BMI lack significant association with tumor size, stage, grade and lymph node status in both pre and post-menopausal patients. ER, PR and HER-2/neu expression was found to have a statistically significant correlation with tumor size (p 0.00). Statistically significant correlation was also observed between age at time of diagnosis and her-2/neu expression (p 0.02).

**Conclusions:** This study has revealed that body mass index has significant association with menopausal patients. ER, PR and HER-2/neu expression was found to have a statistically significant correlation with tumor size (p 0.00). Statistically significant correlation was also observed between age at time of diagnosis and her-2/neu expression (p 0.02).

**ESSO20V-0186**

DUAL MALIGNANCY IN YOUNG LADY IN THE SITTING OF COWDEN SYNDROME : CASE REPORT AND REVIEW OF THE LITERATURE

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**Background:** Cowden Syndrome (CS) is a rare congenital autosomal dominant disorder that affects around 1/200,000 patients with an incomplete penetrance and variable expressivity. It presents with a spectrum of disorders due to alterations in a tumor suppressor gene (PTEN). PTEN hamartoma tumor syndrome is characterized by unique phenotypic features including multiple hamartomas, mucocutaneous lesions which are almost always present, and some other typical features involving other organs; namely thyroid, colon, and brain. Mucocutaneous lesions may be the initial manifestation of this disorder and they usually precede the onset of malignant lesions, which makes the timely diagnosis essential for proper monitoring and screening. Cowden Syndrome seems to be relatively underdiagnosed in Saudi Arabia, and by presenting this case we would like to draw the attention to this seemingly prevalent disease which will reflect on the early recognition and management of a not-so-rare hereditary cancer syndrome. This review will highlight the cardinal features of Cowden syndrome as well as the management recommendations for affected patients.

**Materials and Methods:** This is a report of a 31-year-old lady, who presented to our service with self-discovered left breast mass as well as a midline neck swelling. Upon further evaluation, she was found to have subtle mucocutaneous lesions, wart-like papules along with coarse masculine-like features and menstrual disturbance. Upon clinical, radiological and histopathological assessment, she is diagnosed with locally advanced left breast cancer and multi-nodular goiter, which raised the suspicion of Cowden Syndrome. A genetic study was conducted and PTEN mutation was identified. Direct sequencing analysis of the PTEN gene revealed a novel germline mutation (c.438delT, p.Leu146X). Her case was presented in the multi-disciplinary tumor board and the decision was to start her on neoadjuvant chemotherapy followed by modified radical mastectomy, and to address the thyroid disease simultaneously at the same surgery due to recent development of thyroid-related compression symptoms. The final pathology of the total thyroidectomy came back as papillary thyroid cancer - classic type. To our knowledge, this is the first case of Cowden Syndrome with dual malignancies to be reported in Saudi Arabia.

**Results:** We think that this syndrome is relatively under-diagnosed in Kingdom of Saudi Arabia and through presenting this case we would like to draw the attention into this quite prevalent syndrome which will reflect on the early recognition and management of a not-so-rare hereditary cancer syndrome.

**Conclusions:** Timely diagnosis of patients affected with Cowden syndrome is the key for proper management, since early recognition allows for high-risk screening and other preventative measures prior to having the patient endure multiple cancer diagnoses.

**ESSO20V-0198**

PATIENT REPORTED MORBIDITY OF SENTINEL NODE BIOPSY IN EARLY BREAST CANCER.

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**Background:** Sentinel node biopsy is the most commonly used procedure for staging of the axilla in early breast cancer. Other methods are being developed such as large volume vacuum assisted excision. We sought to ascertain the patient reported morbidity of standard sentinel node biopsy.

**Materials and Methods:** Consecutive patients who had undergone sentinel node biopsy for early breast cancer within our cancer centre were given an anonymised questionnaire with visual analogue scale to complete regarding symptoms in the postoperative period. Items consisted of four questions: movement of my arm on this side is painful; I have a poor range of arm movements on this side; My arm on this side feels numb; I have stiffness of my arm on this side. Patient scored symptoms from 0 – not at all to 4 – very much.

**Results:** 72 patients completed the questionnaire during an 8 month period within a mean of 2.7 weeks from surgery (range 2-9). 47 had surgery to the left axilla and 24 to the right. Patient scoring of symptoms is shown in Table 1.

| Score | Pain on movement of 1st breast | Poor range of movement of 2nd breast | Numbness of arm | Stiffness of arm |
|-------|-------------------------------|-------------------------------------|----------------|-----------------|
| 0     | 32 (44.4)                     | 19 (26.4)                           | 53 (73.6)      | 48 (66.7)       |
| 1     | 20 (28.6)                     | 12 (16.7)                           | 9 (12.5)       | 20 (28.6)       |
| 2     | 7 (10.0)                      | 3 (4.2)                             | 6 (8.3)        | 3 (4.2)         |
| 3     | 3 (4.1)                       | 3 (4.2)                             | 0              | 0               |
| 4 (very much) | 1 (1.4)                     | 0                                   | 0              | 0               |

**Conclusions:** The majority of patients report little or no symptoms after sentinel node biopsy in early breast cancer. Pain was the most common symptom within 3 weeks of surgery. This provides a baseline for comparison with newer techniques emerging for staging of the axilla, and for techniques to reduce peri-operative pain.

**ESSO20V-0204**

THE USE OF RADIOFREQUENCY TAG LOCALIZATION OF IMPALPABLE BREAST CANCERS DURING THE COVID-19 PANDEMIC

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**Background:** Radiofrequency (RF) Tags are new devices used to localize breast lesions instead of the standard wires for impalpable tumours in breast surgery. During the Covid-19 Pandemic these offered the flexibility to be inserted days or weeks before surgery, making the logistics of planning theatres lists much easier especially that most of our breast cancer surgery was moved off site.

**Materials and Methods:** In the 7 weeks following the lockdown in the UK, we reviewed all the planned admissions for breast surgery looking at the types of surgery offered, type of localization used and assessed who wouldn’t have had their surgery if RF tags were not available locally.

**Results:** Out of 85 planned admission, 83 had surgery, 11 were for re-excision of margins and 72 for their first breast surgery excision (mas- tectomy or breast conservation). Out of the 54 that had BCS, 40 needed
USE OF SYNTHETIC MESH IS SAFE IN STOMA REVERSAL.

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Background: Reversal of stoma is a frequently performed elective procedure in the Surgical discipline. The rate of incisional hernia after this has been reported to be around 30% in different studies. Debate still exists among surgeons regarding the use of mesh during the reversal owing to the contamination of the field. Biologic meshes have been used widely but cost a lot. The aim of this study was to assess the safety and feasibility of synthetic meshes during closure.

Materials and Methods: This retrospective study was carried out at The Cancer Foundation Hospital. All patients undergoing the reversal of stoma during two years from Feb 2018 to Feb 2020 were placed an on-lay Prolene mesh during the closure. Patients were followed up for complications.

Results: A total of 24 patients were included. 19 of them were ileostomy closures while 5 were colostomies. None of the patients developed mesh infection or needed mesh removal (0%). 2 patients developed anastomotic leak and enterocutaneous fistula (9%). Both were treated conservatively by opening up the wound and dressings. 7 patients (29%) developed SSI and 1 of them developed abdominal wall abscess. Early follow up till now has not revealed any hernias.

Conclusions: Use of synthetic mesh is safe during stoma closure. The frequency of SSI increases after the placement of mesh but once the mesh gets incorporated, does not need to be removed. We advise placement of synthetic mesh during the reversal to prevent incisional hernias.

ESSO20V-0016

COLONRECTAL PERITONEAL METASTASIS.

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Background: Standardization of surgical outcomes throughout minor and major surgical procedures is mandatory. Complex surgical procedures such as cytoreductive surgeries with hyperthermic intraperitoneal chemotherapy should provide proficient oncological and surgical outcomes. Healthcare pathways should promote efficiency, safety and timely equitable delivery of patient centered platforms. Statistical analysis are of primary relevance in the quality of health care outcomes assessment, using the statistical process control techniques. The aim of the current study is to identify clinically relevant quality indicators and its weightened average for CRS+HIPEC in patients with colorectal peritoneal metastasis.

Materials and Methods: Identification of relevant quality indicators for CRS+HIPEC. An evidence based PubMed search was performed (society guidelines, expert consensus and consensus conferences). 13 society guidelines and 16 consensus were included. Systematic review of indexed references between 2000 and 2018 in order to calculate the weighted average for each indicator was made. MEDLINE/PubMed, Embase and Cochrane Library research was made and series with more than 50 patients were selected. 19.293 articles were identified and 91 fullfilled selection criteria.

Results: Conclusions: This is the first study to assess quality standards in CRS+HIPEC. The current data is of main relevance for future randomized studies as well as for benchmarking among centers, to control the variability of this surgery.

ESSO20V-0025

CARING FOR FRAGILE PATIENTS WITH RECTAL CANCER DURING THE COVID-19 PANDEMIC: AN ITALIAN SINGLE-CENTER EXPERIENCE.

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Background: During COVID-19 pandemic entire Countries rapidly ran out of intensive care beds, occupied by critically ill infected patients. This put almost all health care systems to the test. Elective surgery has been halted and acute care surgeries drastically limited. Since pandemic began, Minimally Invasive Surgery (MIS) and General Anesthesia (GA) have been under great debate as they are both aerosol generating procedures and may contribute to contaminations inside theaters. Moreover, as known, GA can be associated with delayed recovery after anesthesia and can lead to the admission of the patient to the Intensive Care Unit (ICU). This restricted our therapeutic strategies. Here we report how we handled this relevant issue.

Materials and Methods: Between March and May 2020 (Italian lockdown), 40 patients have been operated at our hospital. Prior to surgery, all patients filled in a pre-admission screening questionnaire to assess the risk of a recent contamination and underwent nasopharyngeal swab for COVID-19 diagnosis. Patients were supposed to be moved to dedicated wards on the basis of the swab response. Patients resulted negative to COVID-19 investigation test were admitted to single or double rooms on the basis of the preoperative questionnaire. Single rooms were reserved for patients of uncertain score (doubt recent anamnesis) whereas double rooms were reserved only for patients having “safe” score (no index of suspect on the recent anamnesis). Fifteen patients (37.5%) were operated for colorectal cancer (10 affected with rectal cancer, 5 affected with colon cancer). Mean age was 84.3 years. All patients were identified as fragile