Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
localization, out of these 27 had RF tags. Looking at theatre order list and the site that surgery was performed, 20 out of the 27, wouldn’t have had their surgery if RF tags were not available, that is 50% of patients needing localization.

Conclusions: RF Tags are new devices used for breast lesion localization, like other similar new devices, they offer the flexibility of being inserted days or weeks before surgery making the logistics of theatre planning easier, offering a much-needed flexibility especially during the Covid19 Pandemic

Colorectal cancer
ESSO20V-0005
USE OF SYNTHETIC MESH IS SAFE IN STOMA REVERSAL.
Asad Kerawala 1, Abid Jamal 1, 1 Cancer Foundation Hospital, Surgical Oncology, Karachi, Pakistan

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%) developedSSI 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 ofSSI 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
QUALITY STANDARDS FOR CYTOREDUCTIVE SURGERY AND HIPEC OF COLORECTAL PERITONEAL METASTASIS.
Alfonso García-Fadrique 1, Sabater Luis 2, Escrig Jos Javier 3, Esteban Estevan Rafael 4, 1 Valencian Institute of Oncology, General and Gastrointestinal Surgery, Valencia, Spain; 4 Hospital Clínico- University of Valencia, Department of Surgery- Biomedical Research Institute INCLIVA-, Valencia, Spain; 3 Hospital General de Castellón. Jaime I University, Department of Surgery, Castellón de la Plana, Spain

Background: Standarization 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.
Andrea Romanzi 1, Adele Adorni 2, Nicola Boleso 2, Sabrina De Rango 1, Giuseppe Di Palma 2, Marco Gabaglio 2, Marco Galletti 2, Fiorenzo Giacci 1, Luca Macchi 2, Rossella Moroni 1, Antonella Putorti 1, Erica Rongoni 2, Fabrizio Rossi 2, Roberta Scolaro 1, Corrado Taiana 2, Daniele Trevisan 2, Alessandra Zaccarelli 2, Michel Zanardo 1, Dorotea Zucchi 2, 1 Valduce Hospital, General Surgery, Como, Italy; 2 Valduce Hospital, Anesthesiology and Critical Care, Como, Italy

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 ultimately Invasive Surgery (MIS) and General Anesthesia (GA) have been uninvolved. Another issue has been Infections (MS) and General Anesthesia (GA) have been under great debate as they are both aerosol generating procedures and may be involved in transmission of Sars-cov-2. 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 “clean” or “COVID-19 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
response effects, genetic interactions and the potential for their use in cancer precision nutrition strategies in the future.

ESSO20V-0135

PURSE-STRING FAILURE AT THE BEGINNING OF THE LEARNING CURVE IN TRANSANAL TOTAL MESORECTAL EXCISION

Martin Karamanliov1, Tsvetomir Ivanov1, Tsanko Yotsov1, Emil Filipov1, Tashko Deliyiski1, Dobromir Dimitrov1. 1 University Hospital “Georgi Stranski”- Medical University - Pleven, Surgical oncology department, Pleven, Bulgaria

Background: Transanal total mesorectal excision (TaTME) is a novel technique developed to overcome the difficulties and improve the oncological results in patients with narrow pelvis and bulky mesorectum. Achieving an air-tight purse-string suture is a crucial step in an oncologically safe TaTME and could be challenging at the beginning of the learning curve. Purse-string failure could theoretically increase the risk of local recurrence by tumor cell spillage and aeroosolization of these tumor cells by the transanal insufflation.

Materials and Methods: The first 10 TaTME cases performed by a single team at our institution were included. The learning surgeon went through all steps of training. The incidence of purse-string failure was studied. This work was supported by the European Regional Development Fund through the Operational Programme “Science and Education for Smart Growth” under contract N:BG05M2OP001-1L002-0010-C01(2018-2023).

Results: Mean age of the patients was 72.2 years. No neoadjuvant radiotherapy was conducted in five patients (5/10), neoadjuvant chemoradiation – in three patients (3/10), and no neoadjuvant therapy – in two patients (2/10). Purse-string failure was reported in one patient (1/10) presented with stool spillage during rectotomy. A second prolene running suture was done to close the rectal stump over the previous suture and a meticulous wash-out was performed. The rest of the procedure was carried out without other complications. Protective ileostomy was done in all cases. Within 30 days postoperatively 2 patients were presented with anastomotic leakage. Nevertheless, patients recovered up to 12 days without surgical intervention required.

Conclusions: The learning curve should be taken into consideration when adopting a new surgical procedure. Therefore, specific training in TaTME is essential. Purse-string failure could increase the risk of local recurrence and may be solved by applying a second running suture. Additionally, primary purse-string reinforcement in TaTME was proposed.

ESSO20V-0143

NON-CONVENCIONAL AND COMPLEX SURGICAL RESCUE FOR RECURRENT RECTAL CANCER.

Joao Lajus1, Leonaldson Castro1, Rodrigo Teixeira1, Janina Huguenin1, Geison Eccard1, Priscila Cordeiro2, Sheila Talgatti3. 1 CHN, Surgical Oncology, Niterói, Brazil; 2 InCA, Abdominal Surgery, Rio de Janeiro, Brazil; 3 Universidade Federal Fluminense, Abdominal Surgery, Niterói, Brazil

Background: Recurrent rectal cancer with proximal sacral involvement, metastases for retroperitoneal lymph nodes or peritoneum are treated palliative with chemoradiation. We present 4 cases of complex surgical rescue in this clinical setting in order to demonstrate its safety and feasibility.

Materials and Methods: Uni-institutional series of cases.

Results: Case 1- Female, 52 years old, with locoregional recurrence (uterus, bladder, vagina) 9 months after neoadjuvant chemoradiation and abdominopelvic resection (pT3NO), underwent surgical rescue: total pelvic exenteration (TPE) + total colpectomy + Waldeyer’s fascia resection + peristemeum sacral resection + cutaneous ureterostomy as an urinary diversion + perineal reconstruction with advancement of the gluteal V flap. After 4 years of follow-up no evidence of recurrence. Case 2- A 38-year-old woman presented recurrence compromising the proximal sacrum 16 months after anterior rectal resection (ARR) (pT3NO). She performed chemoradiation with minimal response and was undergoing surgical...