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The standard of care for patients with advanced endometrial cancer (AEC) includes platinum-based chemotherapy. The concept of platinum sensitivity is a major prognostic factor for patients with ovarian cancer. The aim of this study was to validate the applicability of the platinum sensitivity concept to AEC patients, and to estimate its prognostic interest in terms of overall survival (OS).

Data of women with histologically proven FIGO 2019 stages II-IV AEC, treated between May 2000 and November 2017 with platinum-based regimens, were retrospectively abstracted from 12 institutions from the FRANCOGYN Group. Respective 3-year OSs were 57.2% (95% CI: 42.3 – 77.2), 30.8% (95% CI: 16.4 – 57.8) and 11.5% (95% CI: 1.9 – 68.5), in case of recurrence >18 months, between 6 and 17 months, and <6 months ($p < 0.001$). In multivariate analysis, platinum sensitivity status was a strong prognostic factor for OS after recurrence, independent of histological grade, lympho-vascular space involvement, final lymph node status, and treatment.

Platinum sensitivity status may help to classify patients in three prognostic subgroups for OS after recurrence, and appears to be a strong prognostic factor correlated to the pattern of recurrence.

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273 Overview of the clinical management and outcome of sars-cov-2 pregnant women and their infants in the university clinic frankfurt, Germany

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Introduction and aims of the study: Around the globe, the ongoing COVID-19-pandemic profoundly stretches resources of healthcare systems and puts a high individual burden on healthcare providers involved in the care of pregnant mothers. In light of these challenges, the objectives of this study are to (1) present our organisation measures in the treatment of SARS-CoV-2 positive pregnant women, and (2) give an overview of the clinical management and the overall fetal and maternal outcomes. **Materials and Methods:** From March 2020 up to now, we included all patients admitted to the Department of Obstetrics at the University Hospital Frankfurt (Germany) in this observational study. They were tested for SARS-CoV-2 using a PCR test. In case of SARS-CoV-2 positive mothers (positive under labour

or during the pregnancy) cord blood of the correspondent child was obtained to screen for antibodies against SARS-CoV-2 or viral load. Five days after delivery those children underwent additional SARS-CoV-2 PCR analysis via nasopharyngeal swab. **Results:** Since March of 2020, we identified twenty-eight pregnant patients with COVID-19, who were treated in our labour and delivery ward. While seven of these women tested negative at the time of delivery, twenty-one (1,2%) were positive for SARS-CoV-2 during labour. Interestingly, just one child of a SARS-CoV-2 mother showed a positive nasopharyngeal swab after five days. **Conclusions:** The Covid-19 pandemic is a challenge for labour and delivery rooms all over the world. Besides limited treatment options, sparse evidence regarding vertical transmission and the risk of severe clinical courses, optimizing the hygiene measures and organizational management of hospitalized patients who tested positive for SARS-CoV-2 remain common challenges in daily clinical care. This study provides data on successful management strategies of SARS-CoV-2 positive patients, discusses logistic challenges and reports outcomes of infected mothers and their newborns.

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275 Long-term impact of puerperal hematoma on sexuality and obstetrical prognosis: A retrospective cohort study

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Introduction: Puerperal genital hematomas (PGH) are a rare postpartum complication. Their incidence is estimated from 1/1000 to 1/4000 births for more severe presentation. There is no consensual management due to evidence based medicine. While PGH risk factors have been investigated in the past, there is still no data on the long-term impact of their management. Our study aims to evaluate long-term impact of PGH on sexuality and obstetrical prognosis. **Methods:** This two-center retrospective cohort study reviewed the records of 95 women with puerperal hematomas over a 15-year period. It included all women with a PGH after a vaginal delivery. Validated SF-12 and FSFI, and an original questionnaire were sent to all patients. SF-12 and FSFI reference value came from IQOLA Project and a large meta-analysis, respectively. FSFI score lower than 26, 55 determined sexual dysfunction. Secondary analysis were performed between superficial and profound PGH subgroups. GNEDS ethic comity approved this study. **Results:** 95 questionnaires have been sent. 45 patients replied all three questionnaires. There was no difference between our cohort and general population regarding PCS-12, but MCS-12 was significantly lower (42.9+/-4, 7 vs. 48.4 +/- 9.4 $p < 0.001$). Mean FSFI was 20.2 +/- 8,33. There was no difference regarding sexual dysfunction rate evaluated by FSFI. Thus, subjective evaluation showed an impact of PGH on sexual quality of life for 44% of patients. PGH induced dyspareunia for 35.6% of patients, more frequently in case of superficial PGH. 42% of rejection of a further pregnancy were due to PGH. **Conclusions:** PGH occurrence might induce a decrease subjective sexual quality of life at long term, as well as a high sexual dysfunction rate, yet not different from the general population. Refusal of a further pregnancy is frequent. It seems important to seek and treat sexual dysfunction as soon as possible for these patients.

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