EPV267/#604 APPLICABILITY OF PRE-OPERATIVE PATIENT REPORTED DUKE ACTIVITY SCALE INDEX (DASI) IN PREDICTION OF POSTOPERATIVE COMPLICATIONS IN GYNAECOLOGICAL ONCOLOGY

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10.1136/ijgc-2021-IGCS.338

Objectives Increase in the incidence of gynaecological cancers has resulted in increased operations, specifically in patients with multiple comorbidities. This is often associated with higher rates of postoperative mortality and morbidity and presents a challenge with an unmet need for an accurate, personalised risk prediction. DASI is a self-reported 12 item scale questionnaire based around commonly performed activities of daily living. This study investigates the accuracy of DASI in preoperative prediction of postoperative outcomes in gynaeoncology.

Methods A retrospective cohort study of 330 patients who had undergone an operative treatment. All patients had completed the DASI questionnaire prior to their consultation. Actual postoperative 30 day complications and the length of stay recorded. DASI was then compared with the occurrence of postoperative complications.

Results 181 patients underwent robotic procedure, 37 - laparoscopic and 112 - open surgery. Our results showed that the higher DASI score the less likely patients were to have postoperative complications. This result was statistically significant with odds ratio of 0.974 and confidence interval between 0.958 and 0.991. We were also able to demonstrate that for every 10 points further up the DASI score a patient was 0.768 times less likely to have a postoperative complication. Hence general morbidity prediction of DASI score has been found to statistically significantly predict postoperative complications (AUC-0.700).

Conclusions Our study has shown that DASI score is a useful predictive tool of perioperative estimation of postoperative complications in gynaeoncology. Further analysis with a larger sample size and a multicentre prospective study is currently underway to validate the findings.

EPV268/#642 ROLE OF ROBOTIC SURGERY FOR INTERVAL DEBULKING OF OVARIAN CANCER AFTER NEOADJUVANT CHEMOTHERAPY

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10.1136/ijgc-2021-IGCS.339

Objectives Compared with primary debulking surgery, treating ovarian cancer with neoadjuvant chemotherapy (NAC) followed by interval debulking surgery (IDS) results in similar outcomes, while showing significantly less surgical morbidity. To further reduce surgical morbidity, surgeons have followed NAC with minimally invasive Robotic (R-IDS).

Methods This single institution, retrospective study evaluated patients having R-IDS after NAC for newly diagnosed advanced stage (III or IV) ovarian cancers between 2006–2016. Outcomes were compared between these 16 Robotic IDS and 16 matched-cases of traditional Open laparotomy (O-IDS)

Results One conversion from planned R-IDS to O-IDS due to inability to adequately ventilate. Age for R-IDS was 57 (48–91) vs 66 (48–83) for O-IDS. Surgical data for R-IDS versus O-IDS showed: optimal cytoreduction 14/16 (87%) vs 15/16 (94%), intra-op blood transfusions 0/16 vs 4/16 (25%), operative time (136 min, 75–250) vs (206 min, 128–356), and blood loss 98 (25–250) vs 250 (50–600), length of stay 28 hours (21–216) vs 99 hours (67–247). Post-operatively for R-IDS there were no major complications, and no ICU admissions, while O-IDS had 5 wound complications, 1 pneumonia. Thirteen of R-IDS had comprehensive follow-up data allowing analysis of progression-free survival, which ranged from 4 to 32 months, with a median PFS 15 months, and 7/13 (54%) died of disease.

Conclusions The use of NAC before IDS has become more prevalent since publication of trials showing similar oncologic outcome to primary debulking with less morbidity. Our series supports feasibility of using a R-IDS to minimize surgical morbidity, while maintaining oncologic outcome.

EPV269/#87 PREOPERATIVE ANEMIA IN GYNECOLOGIC ONCOLOGY PATIENTS: ARE WE OPTIMIZING OUR PATIENTS?

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10.1136/ijgc-2021-IGCS.340

Objectives Preoperative anemia is one of the most prevalent yet preventable negative prognostic factors in newly diagnosed gynecologic oncology patients. However, it is often inadequately diagnosed and treated. The aim of this study was to evaluate the prevalence of preoperative anemia in gynecologic oncology patients and characterize types of anemia in this population.

Methods This was a prospective cohort study of all consecutive women consented for gynecologic oncology surgery at Sunnybrook Health Sciences Centre between November 1, 2020-February 1, 2021. CBC, ferritin and iron indices were measured within 10 days of consent(range, 0–10 days). Anemia was defined as Hb <120g/L, absolute iron-deficiency as ferritin <30ng/mL, absolute iron-deficiency in inflammatory setting as ferritin 30–100ng/mL with transferrin saturation (TSAT)<20%, low iron stores as ferritin <100ng/mL with TSAT >20% and functional iron-deficiency as ferritin <300ug/L with TSAT <20%.

Results 133 patients were included. Anemia occurred in 32% (n=43) of patients. It affected 56% of patients with ovarian cancer, 37% with endometrial cancer, 5% with cervical cancer and 6% with vulvar cancer. The overall mean Hb level was 126g/L(range,71–152g/L). The overall prevalence of mild(110–119g/L), moderate(80–109g/L) and severe(<80g/L) anemia were 42%, 47% and 12% respectively. Functional iron-deficiency anemia was the most common cause of anemia(33%), followed by absolute iron-deficiency(21%). 8%(n=10) had received neoadjuvant chemotherapy.

Conclusions One third of patients undergoing gynecologic oncology surgery had anemia. Populations of focus should include ovarian and endometrial cancer patients, due to high