governance, patient care, research, quality assurance, research and sharing knowledge). Moreover 26 ovarian cancer specific and relevant key pathway and care outcomes indicators were defined. A day was set to visit all 7 hospitals for interviews regarding the indicators with all stakeholders, including patients.

Results All 7 hospitals were visited and relevant stakeholders were interviewed. Network specific indicators were al met, each hospital did not meet different hospital specific indicators, the Dutch Cancer registry was used to get hold of the outcome and pathway indicators and revealed minor differences between the hospitals. Improvement points and action plans were written.

Conclusion Network wide quality assessments, using qualitative and quantitative indicators are feasible and valid as part of the quality assurance program of cancer networks and regional cancer care pathways. Future assessments will be necessary to evaluate to which extend current governance allows alterations for improvement in individual hospitals.

2022-RA-1423-ESGO PHYLLODES TUMORS OF THE BREAST ANALYSIS OF 17 PATIENTS

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Introduction/Background Phyllode tumors of the breast are fibroepithelial tumors similar to fibroadenomas but with a predominant conjunctive tissue component. These are composed of a connective tissue stroma and epithelial elements. They are rare with an incidence of 0.3–0.9% of all breast neoplasms. The present study demonstrates the recent experiences in diagnosis, therapeutical management and clinical follow-up of this disease.

Methodology This is a retrospective study conducted at the obstetrics and gynecology department I at CHU Hassan II in Fez between May 2009 and May 2013, on patients with histologically certified breast phyllodes tumors.

Results The patients evaluated were women with an average age of onset of 34.17 years. The mode of revelation was clinical by the discovery of a nodule in 88.24% of cases, mastodynia in one case, breast deformation in one case. The histological type was benign in 76.47% of cases, borderline in 17.64% with one phyllodes sarcoma case (5.9%). The average tumor size is 5.84 cm (0.520 cm). Surgical treatment was conservative in 76.47% (lumpectomy) and radical in 23.53% (mastectomy). Local follow-up in 80% of lost patients. At the end of treatment, 47% operated patients had an unsatisfactory safety margin (recovery of the tumor bed) and 53% patients were in complete clinical remission. After follow-up, 3 patients (17.64%) had one or more relapses with an average interval of 1.4 years (1 year-2 years). No cases of metastasis or deaths were noted.

Conclusion The confrontation of our results to the data of the international literature shows that the diagnosis of the phyllodes tumours is histological. The basis of the treatment is surgery. The adjuvant radiotherapy is very important in patients at high risk for local recurrence. The prognostic is based on the histological characters of the tissue conjunctive component of these tumours.

2022-RA-1432-ESGO ECONOMICAL IMPACT OF ERAS IMPLEMENTATION IN A HIGH-VOLUME GYNECOLOGIC ONCOLOGY SURGERY DIVISION IN CANADA

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Introduction/Background We evaluated the economic impact of Enhanced Recovery After Surgery (ERAS) in the high-volume gynecologic oncology (GO) surgery division of a Canadian hospital.

Methodology ERAS was implemented in the GO division of the Centre Hospitalier de l'Université de Montréal (CHUM) in 2017. Patients who received GO elective surgeries in 2015 (pre-ERAS) and 2019 (post-ERAS) were compared. All GO elective surgeries (extracted from patient files) performed in 2015 and 2019 at the CHUM were included (same-day discharge cases were excluded). Since hospitalization costs (main surgical episode and 30-day re-admission episode) were not available in patient's files, they were imputed to each patient using a linear regression model calibrated on the CHUM's financial database. Distinct models were evaluated for the cost of the main episode and the re-admission episode (dependent variables) based on LOS (day 0 versus other days; independent variables). Mean costs (2021 EURO) per patient were compared using a t-test (statistical significance was $p<0.05$).

Results A total of 675 and 536 patients were included in the study 2015 and 2019, respectively. Mean LOS for the main surgical episode was 3.9 days in 2015 and 3.2 days in 2019. Overall, 41 (6.1%) and 25 (4.7%) patients had a re-admission episode in 2015 (LOS=8.5) and 2019 (LOS=4.8), respectively. After imputation, the average cost (per patient) of a hospitalization was € 9,361.20 in 2015 and € 8,404.60 in 2019 (mean difference [MD]=956.60, p=0.003). For the main surgical episode, average costs were € 8,980.78 in 2015 and € 8,231.51 in 2019 (MD=749.26, p=0.012), respectively. For the re-admission episode, average costs were € 6,251.12 and € 3,711.05 (MD=2,540.07, p=0.017). After adjusting for a mean surgical volume of 606 patients per year, the total hospital savings were € 579,697.87 in the first post-ERAS year.

Abstract 2022-RA-1432-ESGO Table 1. Count analysis before and after the implementation of the ERAS protocol at CHUM

	Gynecology oncology n=675 Pre-ERAS	n=536 ERAS	Difference	p
Total length of stay, mean ± standard deviation [median]	4.4 ± 6.0 [3.0]	3.5 ± 5.0 [2.0]	-0.9	**0.002**
Length of stay of the main episode	3.9 ± 5.1 [3.0]	3.2 ± 4.6 [2.0]	-0.7	**0.012**
Length of stay of the re-admission episode	8.5 ± 8.2 [5.0]	4.8 ± 3.6 [4.0]	-3.7	**0.018**
Patients with a re-admission episode ≤30 days after admission for the primary episode	41 (6.1)	25 (4.7)	-1.4	0.283
Patients who had a re-operation during their re-admission episode	4 (9.7)	0 (0.0)	-9.7	0.289
Cost of the main episode (€2021), mean ± standard deviation [median]	$ 8,980.78	$ 8,231.51	-$ 749.26	**0.012**
Cost of re-admission episodes (€2021), mean ± standard deviation [median]	$ 6,251.12	$ 3,711.05	-$ 2,540.07	**0.017**
Total costs (€2021), mean ± standard deviation [median]	$ 9,361.20	$ 8,404.60	-$ 956.60	**0.003**
Sum total cost year	$ 6,318,811.39	$ 4,504,868.23	-$ 1,813,943.15	
Sum total year costs adjusted by average patient volume (n=606)	$ 5,672,888.44	$ 5,093,190.58	-$ 579,697.87	

Conclusion Implementation of ERAS protocol for gynecological oncological surgery significantly decreased costs.