did not adversely affect recurrence and survival of early stage ovarian cancer after unilateral salpingooophorectomy.

IGCS20_1136

152 ANXIETY WAS EXPRESSED MORE IN GYNECOLOGIC CANCER PATIENTS ON TREATMENT: A RETROSPECTIVE STUDY FROM JAPAN UNDER THE STATEMENT OF EMERGENCY FOR COVID-19 PANDEMIC

[1]T Mogami*, [1]E Onuma, [2]N Kamiya, [1]A Kiyose, [1]R Sato, [1]S Saito, [1]M Aoki, [1]E Koga, [1]S Saito, [1]Y Okada, [2]A Sukegawa, [2]E Miyagi, [1]H Sakakibara. *[1]Yokohama City University Medical Center, Japan; [2]Yokohama City University, Japan*

10.1136/ijgc-2020-IGCS.131

Introduction Cancer patients frequently have problems related to anxiety or depression. Under the COVID-19 pandemic, people feel anxiety though each extent differs a lot. In outpatient clinics, not few cancer patients expressed their anxiety by asking, complaining, or just shedding tears. Since the virus seems to come back again in years, we evaluated the anxiety and depression in gynecologic cancer patients under the current first wave.

Methods A retrospective study was planned. Gynecologic cancer patients in our hospital who had tests for anxiety and depression during the Japanese government-ordered state of emergency against COVID-19 were included. We use self-filling tests of 'distress temperature scale' and 'Hospital Anxiety and Depression Scale (HADS)' to patients with cancer or after cancer.

Results 34 patients were included. 12 patients visited just for follow-up after treatment, and 22 were on treatments. Almost all patients were willing to do and easily completed the tests. Each score excluding depression score on HADS was higher in patients on cancer treatment than in follow-up after treatment. One third of on-treatment patients showed significant high anxiety score. Several patients who had tests three or more times expressed recovering trend by day passed.

Conclusions Self-filling tests of 'distress temperature scale' and HADS are useful. Especially on-treatment patients are vulnerable to the pandemic stress. We continue the careful evaluation and will work proactively against the future pandemic.

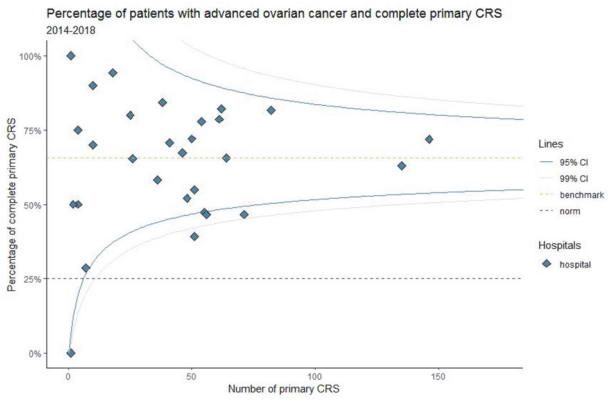
IGCS20_1137

153 CLINICAL AUDITING AS AN INSTRUMENT TO IMPROVE CANCER CARE: THE DUTCH GYNAECOLOGICAL ONCOLOGY AUDIT (DGOA)

[1]N Tewarie*, [2]M Wouters, [2]W Van Driel, [3]R Kruitwagen. *[1]Radboud Univeristy Medical Centre, Netherlands; [2]Netherlands Cancer Institute, Netherlands; [3]Maastricht University Medical Centre, Netherlands*

10.1136/ijgc-2020-IGCS.132

Introduction The Dutch Gynaecological Oncology Audit (DGOA) was initiated in 2013 where all patients with a gynaecological malignancy are registered. The aim of this study is to present the first results of clinical auditing from the DGOA for ovarian-, cervical-, endometrial- and vulvar cancer.



Abstract 153 Figure 1

Methods The DGOA is facilitated by the Dutch Institute of Clinical Auditing and run by its own scientific committee. Items are collected through a web-based registration based on a set of quality indicators. Results are frequently updated and benchmarked information is given back to the user. Data verification was done in 2016 where the accuracy and completeness was checked.

Results Between 01 January 2014 and 31 December 2018, a total of nearly 18.000 patients were registered. Case ascertainment was 98.3% in 2016. Percentage of patients with ovarian cancer waiting less than 28 days to start with any form of therapy decreased over time from 57.3% in 2014 to 40.9% in 2018 ($p<0.001$).The percentage of patients who underwent primary cytoreductive surgery (CRS) also decreased over time (57.8% – 39.7%, $P<0.001$), patients with complete primary CRS improved (53.5%-69.1%, $P<0.001$,(figure1)). Other measured quality indicators did not significantly change over time.

Conclusion The DGOA provides valuable data on the quality of care for patients diagnosed with a gynaecological malignancy. Data shows variation between hospitals with regard to pre-determined quality indicators. The results of the so called 'best practices' are shared with participants of the clinical audit with the aim of improving quality of care in the Netherlands.

IGCS20_1139

154 CLINICAL INDICATORS USEFUL IN DECISION-MAKING ABOUT PALLIATIVE CHEMOTHERAPY FOR END-OF-LIFE OVARIAN CANCER PATIENTS

[1]K Hasegawa*, [2]K Kiuchi, [2]S Kato, [2]E Motegi, [2]N Kosaka. *[1]Department of Obstetrics and Gynecology, Inuyama Chuo General Hospital, Japan; [2]Department of Obstetrics and Gynecology, Dokkyo Medical University, Japan*

10.1136/ijgc-2020-IGCS.133

Introduction Chemotherapy for end-of-life ovarian cancer patients is a complex and delicate problem. We evaluated whether active palliative chemotherapy is beneficial for such patients using inflammatory parameters, nutritional indicators, and the PPI (Palliative Prognostic Index), which predicts short-term prognosis.

Methods Thirty-six patients whose clinical data just before starting the last chemotherapy could be obtained among 49 patients who died from ovarian cancer from 2014 to 2019 were enrolled. Associations between the time from last chemotherapy to death and the following parameters were investigated: age, PS (performance status), NLR (neutrophil/lymphocyte ratio), PLR (platelet/lymphocyte ratio), mGPS (modified Glasgow prognostic score), PNI (prognostic nutritional index) score, and PPI score.
Results The median age was 57 (range, 19–80) years. The median time from last chemotherapy to death was 45.5 (range, 11–110) days. Eight patients (22%) died within 30 days of their last chemotherapy regimen. In univariate analysis, median survival time was significantly shorter in patients with higher NLR, mGPS 2, and higher PPI values; NLR (≥median vs. <median): 32 (range, 11–80) days vs. 54 (range, 35–110) days, p=0.008; mGPS (2 vs. 0–1): 42 (range, 11–80) days vs. 96 (range, 49–110) days, p=0.012; and PPI score (≥median vs. <median): 38 (range, 11–74) days vs. 60 (range, 18–110) days, p=0.005. However, in multivariate analysis, no factors were identified as independent prognostic factors for survival.
Conclusion/Implication Parameters such as NLR, mGPS, and PPI score may be indicators for discontinuation of palliative chemotherapy, and may be useful for maximizing end-of-life care for ovarian cancer patients.

IGCS20_1140

155 PROGNOSTIC VALUE AND THERAPEUTIC IMPLICATIONS OF PLEURAL CARCINOSIS AND MALIGNANT PLEURAL EFFUSION IN ADVANCED EPITHELIAL OVARIAN CANCER

[1]S Nasser, [2]C Fotopoulou, [3]R Richter, [1]J Kaulich, [1]E Braicu, [1]C Beteta, [1]J Olschewski, [1]A Babyeva, [1]J Sehouli*. *[1]Charite Comprehensive Cancer Center, Germany; [2]West London Gynecological Cancer Center, Imperial College London, UK; [3]Department of Statistics, European Competence Center for Ovarian Cancer, Germany*

10.1136/ijgc-2020-IGCS.134

Objective The aim of the study is to demonstrate the prognostic value of pleural carcinosis and effusion in a large cohort of advanced epithelial ovarian cancer(EOC) patients operated within a maximal-effort setting and the hereby associated therapeutic implications.
Methods Overall, 388 EOC patients with confirmed malignant pleural effusion (MPE) and/or carcinosis were retrospectively analysed. Exclusion criteria were non-epithelial ovarian malignancies and presence of other comorbidities associated with pleural effusions.
Results The incidence of the pleural involvement at the time of diagnosis in our institution was 9.4%. The majority of the patients (82.3%) were symptomatic with a poorer performance status due to the pleural effusion/carcinosis. The prognosis after the occurrence of the MPE during the EOC in relapsed cases was poor with 9,9 months. In the multivariate analysis, the time point of the manifestation of the pleural effusion (primary vs relapse) (p<0.001), platinsensitivity (yes vs no) (p=0.003), performance status (0/1 vs 2/3) (p=0.045) and presence of ascites (yes vs no) (p=0.004) were significant prognostic factors for overall survival (OS). Patients with FIGO stage IVA and IVB who were operated tumor free had longer OS rates.
Conclusion Even in this less favourable patient collective, the otherwise well-established prognostic factors of EOC were associated with a significantly better OS. This suggests that the overall behavioral pattern of the disease has strong similarities in patients with and without pleural effusion/carcinosis and merits an equally high therapeutic effort approach.

IGCS20_1141

156 SENTINEL LYMPH NODE DETECTION WITH INDOCYANINE GREEN AND PATENT BLUE DYE IN CERVICAL CANCER: A RETROSPECTIVE STUDY

R McBain*, O McNally, D Neesham, A Jones, A Richards. *Royal Women's Hospital, Australia*

10.1136/ijgc-2020-IGCS.135

Background Sentinel lymph node biopsy (SLN) is a promising investigational surgical technique for cervical cancer.
Aim To explore feasibility of SLN biopsy with ICG and patent blue dye (PTB) in cervical cancer.
Methods All patients who underwent planned laparoscopic or open sentinel lymph node biopsy with histologically confirmed cervical cancer 2017–2019 were included. Pre-operative stage was determined radiologically. Patients were excluded from the study if; there were suspected lymph node metastases on pre-operative imaging; any contra-indications to formal staging surgery; allergy to dye or evidence of metastatic disease (non-nodal).
Results 47 women had planned SNL: 18 with ICG alone, 20 with both ICG and PTB and 9 with PTB alone. Mean age at sample was 42. Surgery laparoscopic in 29 (61.7%) and by laparotomy in 18 (38.2%). One woman with planned SLN had an intraoperative finding of bulky lymph nodes and full pelvic lymphadenectomy (PLND) was performed. This patient was excluded from subsequent analysis. In other cases where no SLN was detected, PLND was performed, except in one case (habitus prevented this).

No patients had significant morbidity related to the procedure in long-term follow-up. The overall bilateral detection rate was 35/46 (76.1%) and the side-specific rate was 81/92 (88.0%). The bilateral detection rate for ICG (with or without PTB) was 29/37 (78.3%) and the side-specific detection rate was 65/74 (87.8%). Where ICG was used without PTB, the bilateral detection rate was 14/18 (77.8%) and the side-specific detection rate was 32/36 (88.9%). Where ICG was used with PTB, the bilateral detection rate was 14/19 (73.6%) and the side-specific rate was 33/38 (86.8%). Where PTB was used alone, the bilateral detection rate was 8/9 (88.9%) and the side-specific detection rate was 14/16 (87.5%).

The node positive rate was 2/76 (2.6%), both micro-metastases were discovered in SLN biopsy of two patients who went on to receive adjuvant therapy. One other patient with node-negative disease received adjuvant therapy.
Conclusion Sentinel lymph node dissection with ICG or PTB in cervical cancer is acceptable and feasible in our cohort as an alternative to full surgical staging. We detected two micro-metastases that would not have necessarily been detected on routine pathology staining.