

2022-LBA-1628-ESGO

CLINICAL AUDIT ON 'ESGO QUALITY INDICATORS' OF OVARIAN CANCER CARE WITHIN A NORTHERN ITALY ONCOLOGICAL NETWORK: A MEANS TO ENCOURAGE CHANGE AND TO IMPROVE THE QUALITY OF CARE?

¹Maria Elena Laudani, ²Luca Fuso, ²Annamaria Ferrero, ³Eva Pagano, ¹Martina Barboni, ¹Giulia Parpinel, ³Giovannino Ciccone, ¹Paolo Zola. ¹*Surgical Sciences, Obstetrics and Gynecology, University of Turin, Turin, Italy;* ²*Obstetrics and Gynecology, Mauriziano Hospital, Turin, Italy;* ³*Epidemiology, A.O.U. Città della Salute e della Scienza, Turin, Italy*

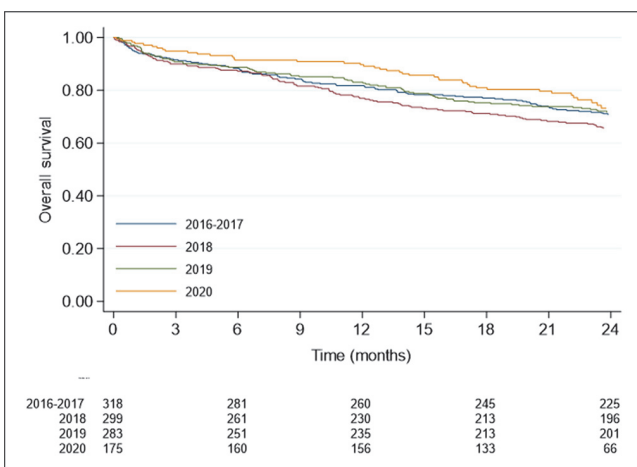
10.1136/ijgc-2022-ESGO.1026

Introduction Epithelial ovarian cancer (EOC) is the most deadly gynecological cancer. In 2016 the Piedmont and Valle d'Aosta Oncology Network launched an Audit and Feedback (A&F) intervention to improve the quality of care for patients with ovarian cancer (EASY-NET Project – grant number NET-2016-02364191).

Methods Patients treated in all the regional hospitals, from May 2016 to September 2020 for newly diagnosed EOC were monitored over time for ESGO process and outcome indicators. Data were collected by all centres through a web-based database (https://www.epiclin.it/audit_ovaio) and centrally monitored. The main purpose of the A&F was increasing the adherence to the guideline recommendations, reducing overdispersion of cases and monitoring survival. In the reports the adherence to ESGO indicators was classified as: high ($\geq 75\%$ – green), medium (75–60% – blue) and low ($\leq 60\%$ – red) (table 1). Overall survival (OS) was analysed with a multivariable Cox model including year of diagnosis and relevant prognostic factors.

Abstract 2022-LBA-1628-ESGO Table 1 Adherence to ESGO indicators by year

| Indicators | 2016-2017 | 2018 | 2019 | 2020 |
|-----------------------------------------------------------|-----------|------|------|------|
| Diagnosis and staging pathway | 75,2 | 81,8 | 86,4 | 82,7 |
| Genetic test (BRCA) | 35,4 | 56,8 | 63,3 | 68,5 |
| First visit before starting treatment (60 days) | 56,2 | 68,2 | 76,9 | 74,3 |
| Interdisciplinary consultation before treatment (30 days) | 46,3 | 63,9 | 70,3 | 73,7 |
| Interdisciplinary consultation after surgery (60 days) | 74,8 | 87,5 | 89,8 | 85,3 |
| Adherence to surgical guidelines in early stage | 76,3 | 73,2 | 72,2 | 77,5 |
| Adherence to surgical guidelines in advanced stage | 89,2 | 91,2 | 88,6 | 93,0 |
| Chemotherapy in high risk early stage | 61,6 | 72,0 | 51,4 | 57,6 |
| Cycles of NACT | 73,7 | 86,8 | 64,1 | 74,1 |
| Timing NACT | 49,1 | 69,8 | 62,1 | 63,6 |
| Cycles of Adjuvant chemotherapy | 77,9 | 88,3 | 91,5 | 83,8 |
| Timing adjuvant chemotherapy | 54,1 | 49,2 | 49,6 | 58,9 |



Abstract 2022-LBA-1628-ESGO Figure 1 Kaplan-Meier survival curve by year of enrollment

Results The present analysis includes 1089 patients with EOC (23.3% early, 76.7% advanced). The analysis of the indicators shows an improvement over the years, both in diagnosis and in treatment phases (table 1). Some area needing improvement are still present in chemotherapy supply. The total number of treating hospitals shows a reduction over time (from 30 in 2016 to 17 in 2020). A multivariate Cox model shows that adherence to surgical guidelines represents a strong favourable effect on OS (HR=0.54; CI95% 0.39–0.74) after adjusting for other relevant prognostic factors (age and stage). No time effect is evidenced on OS (figure 1), at this point (mean follow-up time of 2 years).

Conclusions The A&F intervention was effective in the identification of critical issues, in improving adherence to guidelines and in reducing overdispersion and variability among regional hospitals. Survival improvement over time has to be confirmed with a longer follow-up.

2022-LBA-1663-ESGO

SHOULD DELAYED DEBULKING/ CYTOREDUCTIVE SURGERY BE OFFERED TO ALL ADVANCED OVARIAN/FALLOPIAN TUBAL CANCER PATIENTS THAT DID NOT HAVE SURGERY?

Natasha D Souza, Eva Myriokefalitaki, Alvin Michael Floreskou, Katelijn Sap, Richard J Slade, Meghna Datta, Brett Winter-Roach, Michael Smith, Jurjees Hasan. *Gynaecological Oncology Surgery, The Christie NHS FT, Manchester, UK*

10.1136/ijgc-2022-ESGO.1027

Introduction Primary and Interval Debulking/Cytoreductive Surgery (PDS and IDS) are standard of care for surgical management of advanced Ovarian/Fallopian Tubal Cancer. There has been very little regarding outcomes of Delayed Debulking Surgery (DDS) performed upon completion of adjuvant chemotherapy. Aim to evaluate survival outcomes following DDS and compare cytoreductive outcomes, post-operative morbidity and survival outcomes in women who underwent PDS, IDS, DDS.

Methods Prospective data collection and retrospective review of all cases that underwent DDS in our centre from 1/7/2014 to 31/12/2020. We are looking into disease free and overall survival in relation to PCI score pre and post surgical excision, Chemotherapy response (CRS) and use of maintenance treatment in all three groups PDS, IDS and DDS

Results DDS is not inferior to PDS and IDS as long as complete cytoreduction achieved. OS not statistically different in between the three groups.

Conclusions Delayed debulking surgery should be offered to women who have missed the opportunity for various clinical and personal reasons to undergo surgery in the primary or interval setting. We recommend that all cases that did not have surgery to be considered for surgery at completion of their chemotherapy by MDT.

2022-LBA-592-ESGO

PRIMARY PREVENTION OF HPV-RELATED DISEASES FROM THE PATIENTS' PERSPECTIVE IN POLAND – AN INTERIM ANALYSIS

Dominika Trojnariska, Robert Jach. *Jagiellonian University Medical College, Kraków, Poland*

10.1136/ijgc-2022-ESGO.1028