Organization of gynaecological cancer care

105 ADHERENCE TO EUROPEAN OVARIAN CANCER GUIDELINES AND IMPACT ON SURVIVAL: A FRENCH MULTICENTER STUDY (FRANCOGYN)

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Objective The primary objective of this study was to validate ESMO–ESGO ovarian cancer guideline as a method of assessing quality of care and to identify patient characteristics predictive of nonadherence to European guideline care. The secondary objectives were to analyze the evolution of practices over the years and to evaluate heterogeneity between centers.

Methods This retrospective multicenter cohort study of invasive epithelial ovarian cancer reported to FRANCOGYN database included data from 12 French centers between January 2000 to February 2017. The main outcome was the adherence to ESMO–ESGO guidelines, defined by recommended surgical procedures according to FIGO stage and appropriate chemotherapy. Mixed multivariable logistic regression analysis with a random center effect was performed to estimate the probability of adherence to guidelines. Survival analysis was carried out using the Kaplan-Meier method and a mixed Cox proportional hazards model.

Results A total of 1463 patients were included in this study. Overall, 317 (30%) received complete guideline–adherent care. Patients received appropriate surgical treatment in 69% of cases, while adequate chemotherapy was administered to 44% of patients. Both patient demographic and disease characteristics were significantly associated with the likelihood of receiving guideline–adherent care, such as age, performance status, FIGO stage and initial burden of disease. In univariate and multivariate survival analysis, adherence to guidelines was a statistically significant and independent predictor of decreased overall survival. Patients receiving suboptimal care experienced an increased risk of death of more than 100% when compared to those treated according to guidelines (HR 2.14, 95% CI 1.32–3.47 $p<0.01$). In both models, a significant random center effect was observed, confirming the heterogeneity between centers ($p<0.001$).

Conclusions Adherence to ESMO-ESGO guidelines in ovarian cancer is associated with a higher overall survival and may be a useful method of assessing quality of care.

293 QUALITY OF TRAINING IN CERVICAL CANCER SURGERY: A SURVEY FROM THE EUROPEAN NETWORK OF YOUNG GYNAECOLOGIC ONCOLOGISTS (ENYGO)

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Introduction/Background* European Society of Gynaecological Oncology (ESGO) and partners are committed to improving the quality of training for gynecological oncology fellows. The aim of this survey was to take a real-life picture of the type and level of the training in cervical cancer surgery, and to investigate whether LACC-trial changes may have affected quality of training in radical hysterectomy for gynecologic oncology fellows.

Methodology In June 2020, a 47-question electronic survey was shared with European Network of Young Gynaecologic Oncologists (ENYGO) members. Specialist in Obstetrics and Gynecology and Gynecologic Oncology Fellows, who started the training between 01/01/2017 and 01/01/2020 or started before 01/01/2017 but finished their training at least 6 months after LACC trial publication, were included.

Result(s)* 81 respondents were included in the present study. The median time from the start of fellowship to the date of completion of survey was 28.0 months (range, 6-48). Fifty-six (69.1%) respondents were still fellows-in-training. Six out of 56 (10.7%) and 14/25 (56.0%) of respondents who were still in training and completed the fellowship respectively, performed $\geq$10 radical hysterectomies during their training. Fellows trained in an ESGO-accredited center had higher chance to be exposed to sentinel lymph node biopsy ($p=0.027$). There was no difference in the mean number of radical hysterectomies performed by fellows before and after LACC-trial publication (8 ± 12.0 versus 7 ± 8.4, respectively) ($p=0.463$). A significant reduction in number of minimally-invasive radical hysterectomies was evident when comparing the period before and after LACC-trial (38.5% versus 13.8%, respectively; $p<0.001$).

Conclusion* Exposure to radical surgery for cervical cancer is relatively low amongst gynecologic oncology fellows. Central-

ization of cervical cancer cases to high-volume centers provides an increase in fellows' exposure to radical procedures. LACC-trial publication did not reduce the possibility for a fellow to perform radical hysterectomies, but it may have affected the opportunity of performing minimally-invasive radical hysterectomy.

313 COVID-19 VACCINATION PRIOR TO GYNAECOLOGICAL ONCOLOGY SURGERY : VACCINE COMPLIANCE AND PERI-OPERATIVE OUTCOMES IN A TERTIARY CANCER INSTITUTE IN INDIA

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Introduction/Background* India experienced a deadly second wave of COVID-19 pandemic starting mid-February 2021 with test positivity rate of 25-45 % suggesting high community transmission. Indian COVID-19 vaccination program for 60 years + and above 45 years with co-morbidities began on 1st March 2021. As per COVIDsurg collaborative data, between 0.6% and 1.6% of patients develop COVID-19 infection after elective surgery. Even after use of mitigation measures like pre-surgery RT/PCR and COVID free surgical pathways, COVID-19 is a significant nosocomial infection with 4- and 8-fold increased risk of death in the 30 days following surgery. Our aim was to study vaccine compliance in patients counselled to be vaccinated before surgery, pre-surgery RT/PCR positivity rate, 30-day post-operative SARS Cov-2 rate and peri-operative outcomes.

Methodology In this prospective observational study, patients waitlisted for major gynaecological cancer surgeries who were also eligible for COVID-19 vaccination were enrolled. Patients were counselled to get atleast one dose vaccinated 2 weeks before elective surgery. In cases of neo-adjuvant chemotherapy, vaccination was advised atleast 2 weeks after the last dose of chemotherapy. Patients vaccinated with atleast 1 dose - 2 weeks prior to surgery or those with both doses vaccinated atleast a week prior to surgery were eligible for study. Mitigation measures of negative pre-surgery RT/PCR (within 24 hours prior to surgery) and COVID free surgical pathway were used.

Abstract 313 Table 1 Vaccination, RT/PCR positively and peri-operative outcome details

Overall Cohort - 53 patients		
Median age (Range)	51 years (45 -70)	
Vaccination Status		
Unvaccinated	19	
1 dose vaccinated	25	
2 dose vaccinated	9	
Vaccine compliance	64 %	
Pre-surgery RT/PCR positivity rate		
Unvaccinated	10 /19 (52.6 %)	
Vaccinated 1-dose 2-dose	2 / 34 (5.8 %) 2 0	p = 0.0001
Severe COVID-19 infection requiring hospitalisation		
Unvaccinated	3/10 (30 %)	
Vaccinated	0/2 (0 %)	
30 day post-operative SARS Cov-2 positivity rate*		
Unvaccinated	4 / 9 (44.4%)	p = 0.0001
Vaccinated	0 / 32 (0 %)	
Severe COVID-19 requiring hospitalisation	2 / 4 (50 %)	
Post-operative day of positive RT/PCR and symptomatic for COVID-19	Mean - 8.7 Median - 9	

Result(s)* In the overall cohort of 53 patients, 34 got vaccinated suggesting compliance of 64%. In the unvaccinated cohort, 52.6% were p□e-surgery RT/PCR +ve against 5.8% vaccinated patients (p = 0.0001). Thirty- day post-operative SARS Cov-2 rate was 44.4% and 0% in the unvaccinated and vaccinated cohort respectively (p = 0.0001). No cases of severe COVID-19 requiring hospitalisation were seen in the vaccinated cohort. There was no 30-day post-operative mortality in either cohorts.

Conclusion* Counselling regarding COVID-19 vaccination prior to surgery should be an essential part of pre-operative work up. COVID-19 vaccination prior to surgery has two-fold advantage. It prevents the postponement of elective cancer surgeries which are time bound. There is a significant decreased risk of severe COVID-19 infection and related morbidity post-operatively in the vaccinated population.

338 SAME DAY DISCHARGE IN MINIMALLY INVASIVE SURGERY FOR GYNAECOLOGICAL CANCER

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Introduction/Background* Same-day discharge (SDD) has been found to be safe and attainable following minimally invasive surgery (MIS) for gynaecological cancer.[1] We audited the compliance to SDD, opposed to 24 hours discharge, at the Royal London Hospital.

Methodology We performed a retrospective audit of all minimally invasive hysterectomies performed at the Royal London Hospital in 2019 and 2020. All patients were identified for SDD at pre-op clinic and were followed up until 30 days post discharge.

Data was collected from electronic patient to record demographic, operating time & outcome, postoperative recovery (+/- complication and readmission) and time of discharge.

Following the first audit cycle in 2019, interventions were performed comprising of staff education to highlight the human factors that led to failed SDD (including delayed prescriptions, discharge summaries and removal of catheters).

Result(s)* A total of 12 patients were selected for SDD in 2020 compared to 22 in 2019 with 30 day follow up for all patients. Numbers of patient in 2020 was reduced due to covid. Successful SDD was achieved in 42% of cases in 2020 compared to 56% in 2019. Of those planned for SDD, 50% of those that failed were due to unavoidable intraoperative complications. No SDD discharges in 2020 failed due to pharmacy, transport or discharge documentation delays (7 failed SDD in 2019 due to these factors). No re-admissions or complications were recorded.

Conclusion* Same day discharge continues to be safe and achievable following minimally invasive surgery for gynecological cancer, despite disruption from the Covid-19 pandemic. Auditing and implementation of interventions helps improve this pathway.

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