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97 PRIMARY MALIGNANT VAGINAL MELANOMA: SINGLE INSTITUTION'S EXPERIENCE OF 52 CASES

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Objectives To assess clinical and pathologic features that impact outcome in patients with vaginal melanoma.
Methods This is a retrospective review of vaginal melanoma cases treated at single institution between 1990 – 2015. Clinical and pathological characteristics were reviewed. Progression-free survival (PFS) and overall survival (OS) were calculated from the first treatment date.
Results Fifty-two patients with median age of 60.5 years (32.0–86.0) were identified. Using the AJCC clinical staging, 11.5% were stage I, 61.6% were stage II, 19.2% were stage III and 7.7% were stage IV. The median tumor size was 3.0 cm with median tumor thickness 8.0 mm. 81% experienced disease recurrence with 40.5% local recurrence, 23.8% distant recurrence and 35.7% both. Overall, the median PFS was 8.9 months with a 5-year PFS of 16%. The OS was 19.8 months with a 5-year OS of 18%. 44 patients underwent surgery as part of their primary therapy while 8 women did not have surgery. Patients who underwent surgery had a median OS 20.7 VS 9.3 months for those who did not ($p<0.01$). Patients who were diagnosed as stage I-II had significantly longer survival than patients who were stage III-IV (median OS 24.4 VS 13.4 months, $p=0.03$). In addition, patients who underwent pelvic exenteration had significantly longer survival (median OS 28.9 VS 17.2 months, $p=0.02$).
Conclusions Vaginal melanoma most commonly presents at an early stage but is still associated with poor outcomes. Patients who have localized disease, who are able to undergo primary surgical treatment and who undergo pelvic exenteration have longer OS.

IGCS19-0299

98 MOBERAS: A MOBILE APP TO MONITOR AND MOTIVATE GYNECOLOGICAL ONCOLOGY (GYO) PATIENTS TO ADHERE TO ERAS PROTOCOL

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Objectives Adherence to the standardized multimodal Enhanced Recovery After Surgery (ERAS) protocol is significantly associated with improved clinical outcomes. Gamification demonstrated a positive effect on patients' health by promoting adherence to treatment and patient engagement. Thus, the objective of this work is to propose MobERAS, a mobile App based on gamification designed to monitor and motivate GYO patients to adhere to ERAS principles.
Methods MobERAS was designed and developed with Android Development Kit for the Android platform and provides a real-time database to store peri-operative data by using authentication technologies and the Firebase database management system.
Results MobERAS promotes the motivation of patients by alerts to achieve feeding and mobilization goals. The App also records the oral intake, pain level, nausea and vomiting, urinary volume, intestinal function, as well as measuring the patients' ambulation. Patient's data could be assessed in real time by health care providers. As a form of motivation, in order for the patient to continue his role in the process, a punctuation and reward strategy (based on stars) has been added. The flowchart shows the activities monitored and encouraged by the application (figure 2). In addition, an informative and illustrative video was created, containing the ERAS Program guidelines, reproduced at each patient login.
Conclusions Gamification technology has become a powerful tool in delivering healthcare and is an important strategy to improve GYO patient's engagement to ERAS protocol.

IGCS19-0142

99 TRIPLE ARM PROSPECTIVE NON-RANDOMIZED OBSERVATIONAL STUDY ANALYSING DELAY IN TIME TO ADJUVANT CHEMOTHERAPY AND ITS IMPACT ON OUTCOME IN COMPLETELY RESECTED ADVANCED EPITHELIAL OVARIAN MALIGNANCIES

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Objectives This study was done to determine whether time from optimal cytoreductive surgery (CRS) to initiation of adjuvant chemotherapy impacts disease free & overall survival in advanced ovarian carcinoma.
Methods 185 patients underwent optimal cytoreduction (either as upfront or interval) & recieved adjuvant chemotherapy. The analysis of time interval between day of surgery and start of adjuvant chemotherapy and its impact on outcome was done.
Results CRS with intraperitoneal chemotherapy either in the form of intraperitoneal port (IP port) or hyperthermic intraperitoneal chemotherapy (HIPEC) was done in 118 patients (43+ 75) and CRS alone in 46 patients. Median interval between surgery and initiation of adjuvant chemotherapy was 35 days for the cohort (32 days in the CRS alone group, 34 days in CRS+ IP port group and 41 days in CRS+ HIPEC group). Median disease free interval (DFS) was 28, 36 and 33 months respectively in the three groups. Delay in chemotherapy, defined as more than 40 days had significant impact on DFS in CRS alone group (36 months vs 17 months: $p=0.02$), but had no impact in the patient who were receiving intraperitoneal chemotherapy. No statistically significant difference in the overall survival (OS) was observed in patients whose adjuvant chemotherapy was delayed (88 months versus71 months, $p=0.49$).
Conclusions Delay in starting adjuvant chemotherapy adversely affects DFS. Intra-peritoneal chemotherapy after optimal CRS can improve DFS. However well designed clinical studies