did not adversely affect recurrence and survival of early stage ovarian cancer after unilateral salpingo-oophorectomy.

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

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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.

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

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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%, $P < 0.001$, (figure 1)). 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.

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

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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.