Result(s)* Overall 100 patients were followed-up for a period of 30 days postoperatively. Of those 26 patients developed postoperative infectious morbidity. Preoperative PNI was significantly lower among patients that developed infections compared to those that had uneventful recovery (43.0 (12.7-59.1) vs 50,1 (8.1-140.0). Using multiple logistic regression that took into account co-factors of age, BMI, ECOG status, preoperative Hgb, smoking, transfusion rates, implementation of ERAS protocol and PNI we observed that the latter was a significant moderator of post-operative infectious morbidity (HR 0.924, 95% CI 0.876, 0.974). Receiver operative characteristics (ROC) analysis revealed that PNI had a moderate value in determining postoperative infectious morbidity (AUC 0.782, Sensitivity 77%, Specificity 68% using an optimal cut-off of 45.4).

Conclusion* Taking into consideration the results of this interim analysis we believe that PNI could be a valuable tool in clinical practice that may help determine patients at risk of developing postoperative morbidity. Future studies may also use this index as a prognostic factor that could indicate the nutritional status of patients undergoing prehabilitation in anticipation of major surgical operations.

440 SURVIVAL ANALYSIS OF UTERINE SARCOMAS IN THE PROVINCE OF LAS PALMAS 2009–2018

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10.1136/ijgc-2021-ESGO.269

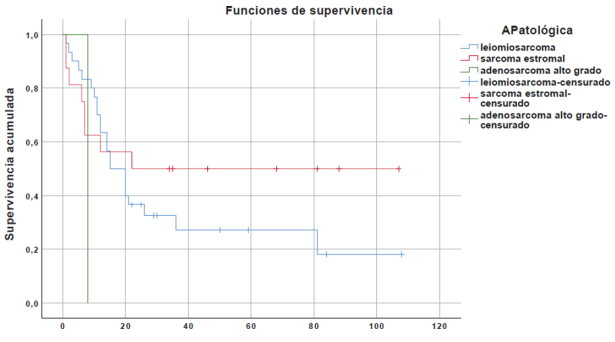
Introduction/Background* Sarcomas represent 1% of gynecological tumors and between 3-7% of uterine neoplasms. Given its low incidence, the available evidence and literature is limited. We provide our data as a self-assessment and analysis of our healthcare practice

Methodology Retrospective study of patients with uterine sarcomas diagnosed and treated in CHUIMI in the period 2009-2018. We included epidemiological variables, stage at diagnosis, treatment, anatomo-pathological features, follow-up and current status of the patients.

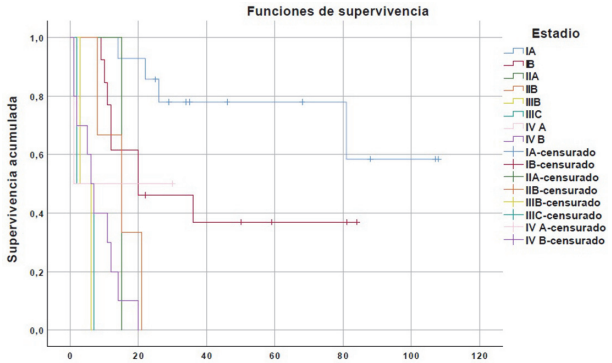
Result(s)* The total number of patients diagnosed with uterine sarcoma was 47, with a mean age of 56.8 years [31-85]. 42.6% of patients were in an advanced stage at diagnosis [Stage I 57.4% (27), II 8.5% (4), III 8.6% (4) and IV 25.6% (12)].

Regarding histology, we found that 63.8% (30) were Leiomyosarcomas, 34% (16) were Stromal sarcomas and 2.1% (1) High-grade adenosarcomas. Overall survival at 5 years is 36.17% with a median of 20 months. After 5 years of follow-up, 27.2% of leiomyosarcomas lived (median 15 months), 50% of sarcomas stromal (median 22 months), and none of the high-grade adenosarcomas (median 8 months). Globally, in relation to the stage of the disease at diagnosis, after 3 years of follow-up 59.25% of the stages I survived (stable up to 5 years), and none of stages II, III or IV survived.

Regarding the type of treatment, 87.2% of the patients underwent surgery (61.7% LPT; 23.4% LPC). Of these, only 21.3% did not receive adjuvant treatment (34% RT, 17% QT, 14.9% RT + QT). Globally, 21.3% of the patients relapse



Abstract 440 Figure 1



Abstract 440 Figure 2

(most frequently in the lung, 8.5%, followed by local recurrence 6.4%, abdominal 4.3% and bone 2.1%) compared to 51.1% who progress.

There was fragmentation of the surgical piece in 19.1% (no morcellation). 34% of tumors are> 10 cm. 31.9% had a low mitotic index (<5). 29.8% presented lymphovascular invasion

Conclusion* Our epidemiological and survival data coincide with what has been published in the literature. It is important to provide evidence on a pathology that, although rare, presents so much impact on our patients, thus contributing to achieve better clinical practices.

447 PROGNOSTIC FACTORS RELATED TO UTERINE SARCOMA

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10.1136/ijgc-2021-ESGO.270

Introduction/Background* The objective of this study was to analyze prognostic factors related to uterine sarcoma.

Methodology Retrospective observational cohort study conducted at the CHUIMI in the canary islands from 01/01/2009 to 12/31/2018. We included all patients with a diagnosis of uterine sarcoma (n: 46).Variables analyzed in the study were age and BMI at diagnosis,histology,staging,if Morcellation and/or tumor fragmentation ocurred,if free margins were obtained

in the surgery and lymph node involvement. The Statistical analysis was performed with SPSS for Mac version 20.0. A description of the main variables included was made. In addition, we ran a multivariate analysis through linear regression, using the Enter method, with the objective of analyze the prognostic factors associated with the presence of uterine sarcoma. The calculation of the magnitude of association was made using the OR and its corresponding confidence interval at the 95% (95% CI). In all hypothesis tests, a significance level of 0.05 was considered.

Result(s)* The incidence of uterine sarcoma in our setting was 5.35% (total uterine cancer: 859). The mean age was (53.5 ± 10.9) and the BMI (29.9 ± 9.1). There were 30 leiomyosarcomas (63.8%), 16 endometrial stromal sarcomas (34%) and a high-grade adenosarcoma (2.1%). If we look at the staging, IA (14 (29.8%)); IB (13 (27.7,%)); IIA (1 (2.1%)); IIB (3 (6.4%)), there was no case of IIIA; IIIB (2 (4.3%)); IIIC (2 (4.3%)); IV A (2 (4.3%)) and IV B (10 (21.3%)). In multivariate analysis using logistic regression, leaving free margins in the piece, acts as a protective factor (OR -2.13; CI 95% 0.02-0.6 (p value 0.01)). Having lymph node involvement does not behave as a prognostic factor in this study and the morcellation and/or fragmentation variable was eliminated from the study after a fitted model.

Conclusion* For tumors limited to uterus, the prognostic factors described are: tumor size, mitotic index, tumor necrosis, vascular invasion, free surgical margins and morcellation. In our sample and according to what has been published, we can conclude that the surgery will determine the prognosis. Being fundamental keep margins free on the piece to improve prognosis.

563 PATIENT SATISFACTION SURVEY: INTRODUCTION OF A TELEMEDICINE OUTPATIENT REVIEW SERVICE IN A GYNAECOLOGY-ONCOLOGY CENTRE DURING COVID-19

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10.1136/ijgc-2021-ESGO.271

Introduction/Background* With the outbreak of the COVID-19, the National Health Service has had to rapidly adapt many systems. One such change to the delivery of patient care has been the increasing use of TeleMedicine during the pandemic.

Methodology A new TeleMedicine outpatient review service was introduced in a Gynaecology-Oncology centre in April 2020 in response to COVID-19. To determine patient satisfaction with this change in practice, a dedicated feedback questionnaire was devised. All patients who received a TeleMedicine consultation from one Consultant-led Gynaecology-Oncology clinic in November 2020 were offered the opportunity to participate in the voluntary and anonymous survey

Result(s)* Response rate was 100% (n=19). All patients confirmed feeling 'safer' receiving a telephone review. All found TeleMedicine 'highly convenient'; and for 18 (95%) it was 'less costly'. 11 (58%) calls were made on time. 3 patients (16%) missed the initial call. Patients confirmed that the clinician introduced themselves in 18 (95%) cases; explaining the purpose of the call 89% of the time. 2 patients (11%) experienced technical problems with reception and volume. 84% expressed 'no concern' discussing health issues via phone; and 95% interpreted the clinician's communication as 'clear'. All felt 'listened to' and 16 (84%) had been given the opportunity for questions. 16 (84%) were 'content' with omission of physical examination. 17 (89%) were advised how to seek help if needed. The majority (79%) were 'very satisfied' with the service. 2 (11%) would decline further TeleMedicine review.

Conclusion* Gynaecology-Oncology patients appear overall satisfied with replacement of face-to-face outpatient consultations with TeleMedicine during the ongoing pandemic. To ensure quality of care and patient safety – patient triaging; TeleMedicine proformas; use of video; and low threshold for escalation – are all important considerations.

575 RECTUS SHEATH CATHETERS VERSUS EPIDURAL ANALGESIA FOR OPEN MIDLINE INCISIONS IN MAJOR GYNAECOLOGICAL- ONCOLOGY SURGERY

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10.1136/ijgc-2021-ESGO.272

Introduction/Background* Rectus sheath catheters (RSCs) have frequently been used in several surgical specialities. The aim of the project was to compare the efficacy of RSCs and epidural analgesia (EA) in the post op period in patients who underwent major Gynae-Oncology surgery requiring midline incisions in terms of time to discharge, time to removal of urinary catheter (TWOC), patient experience.

Methodology We retrospectively analyzed two main groups of patients- patients who had RSCs and patients who had EA as a primary mode of post-operative analgesia (PMPOA). We used ChiSquare and Students T.test to compare the group variables for statistical significance.

Result(s)* A total of 39 patients were identified- 20 with RSCs and 19 with EA. The two groups of patients were commenced on post-op PCA in addition to the PMOPA. All patients with RSCs had PCA. 8 out of 19 patients with EA did not have PCA. Within each group patients were on variable PCA types with the most used Fentanyl and Morphine. There was no significant difference on types of PCA used (p=0.054) and ASA (p=0.341). Perception of postoperative pain was not significantly different between RSC and EA groups. In the RSC group there was a significantly shorter post-operative time between surgery and TWOC (p=0.0036) and between surgery and discharge when compared with the EA group (p=0.0051).

Conclusion* Our data shows that patients who had RSCs were ready for discharge sooner than the patients who had EA. RSCs may have a place as a PMPOA in Gynae-Oncology patients requiring full-length midline incisions. Furthermore, if RSCs are implemented as a standard practice for PMPOA it may have a health-economic benefit.