and outcomes. Post operative complications were graded according to the Clavien–Dindo classification

Result(s)* 152 patients were included in the study period from June to December 2020. 85 patients had cancer ovary, 59 cancer endometrium, 6 cancer cervix and 1 cancer vulva and 7 patients had benign tumours. In the pre operative component of ERAS protocols,82% patients received pre surgery counselling, 97% received thromboembolic prophylaxis, 94% received carbohydrate loading and none of the patients received mechanical bowel preparation. 8% received blood components during and after surgery. In the post operative phase on Day 1, 62% patients had urinary catheter removed, 88% received normal diet and 92% had early ambulation. The complication rate was 26%, but majority 79% had grade 1 and 2 complications. There was one postoperative mortality due to sepsis. The mean hospital stay was 6.6 days.

Conclusion* The study confirms the feasibility and benefits of following ERAS pathway in enhancing patient recovery during COVID pandemic.

596 CLINICIANS' VIEWS ON ENDOMETRIAL CANCER FOLLOW-UP STRATEGIES

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10.1136/ijgc-2021-ESGO.309

Introduction/Background* The introduction of telephone or patient-initiated follow-up schemes for endometrial cancer (EC) follow-up across the UK has been primarily clinician-led. This has resulted great variation in the structure and management of such schemes, as well as the population of EC patients enrolled. The aim of this study was to investigate clinicians' views on the existing schemes and guidance for EC follow-up, and to determine the interest in the development of a national UK-wide stratified EC follow-up scheme.

Methodology The views of clinicians involved in the follow-up of patients who have undergone treatment for EC were explored through semi-structured telephone interviews. Purposeful sampling was applied to ensure that the views gathered spanned diverse clinical backgrounds, experience and geography throughout the UK. Interviews were audio recorded, transcribed verbatim and analysed using framework analysis.

Result(s)* Interviews were conducted with gynaecological oncologists, cancer unit gynaecologists, oncologists and clinical nurse specialists (CNS). There was overwhelming interest to move towards patient initiated follow-up schemes, although there was variation in the extent of implementation of such schemes between cancer centres and units across the UK. There was also variation in the structure and patient populations clinicians felt should be included in the schemes. The concept of a national protocol for EC follow-up was of interest to the participants, although it was felt that the addition of biomarker monitoring would increase the confidence in transferring patients with high-risk or advanced disease to such a scheme.

Conclusion* There is a move towards risk-stratified follow-up schemes for EC, in particular patient-initiated follow-up. Clinicians reported interest in the development of a national follow-up strategy in order to reduce variation in practice and enable equality of access to innovative schemes across the UK.

633 HEALTH CARE ASSOCIATED INFECTION IN GYNECOLOGIC ONCOLOGY: CLINICAL AND ECONOMIC IMPACT. LARGE RETROSPECTIVE SINGLE-INSTITUTION STUDY

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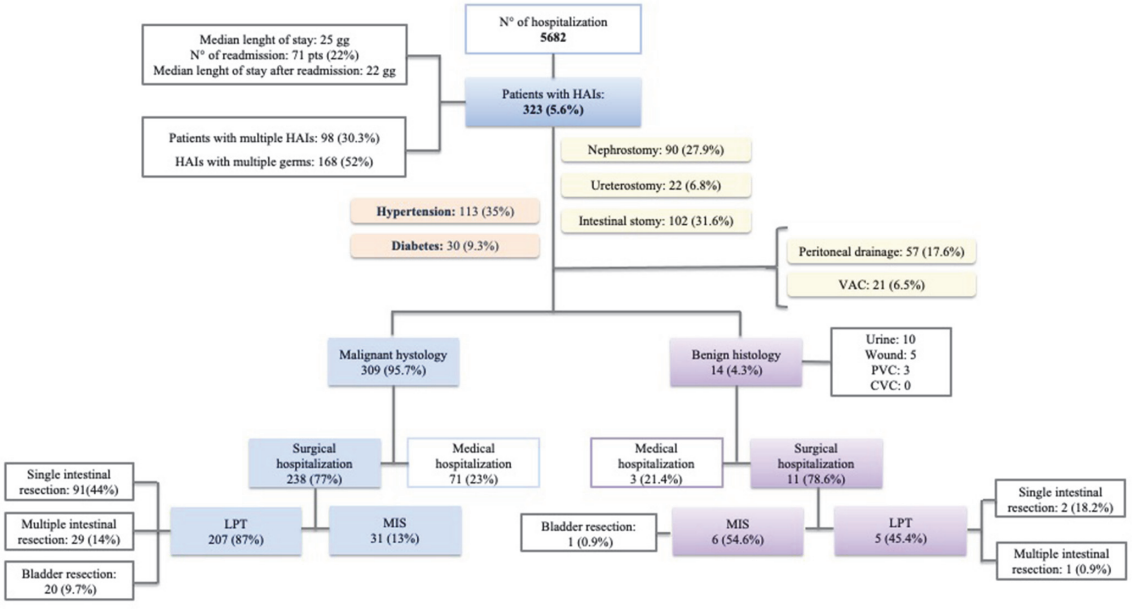
10.1136/ijgc-2021-ESGO.310

Introduction/Background* The purpose of this paper is to analyze data related to infections of patients suffering from



Abstract 633 Figure 1