

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.

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CLINICIANS' VIEWS ON ENDOMETRIAL CANCER FOLLOW-UP STRATEGIES

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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.

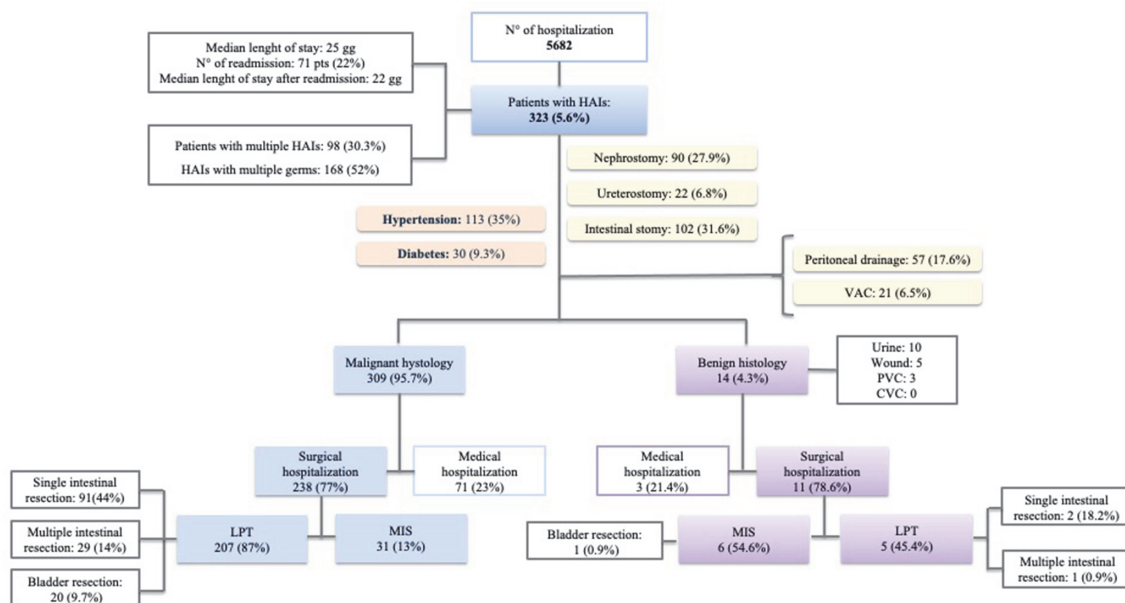
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HEALTH CARE ASSOCIATED INFECTION IN GYNECOLOGIC ONCOLOGY: CLINICAL AND ECONOMIC IMPACT. LARGE RETROSPECTIVE SINGLE-INSTITUTION STUDY

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



Abstract 633 Figure 1

gynecological malignancies, particularly after surgical procedures. Furthermore, we performed an economic analysis to provide an overview of HAIs-related costs.

Methodology We retrospectively collected data of the culture samples, collected in the microbiology laboratory, of patients recovered in the Oncological Gynecology Department of the Fondazione Policlinico "Agostino Gemelli" IRCCS, from 1st January 2017 to 31st December 2018. The data concerned both ordinary and emergency hospitalizations. For each patient, we collected data on germs responsible of infection and on the site of the infection

Result(s)* 323 gynecological cancer patients with HAIs were identified. 249 patients had undergone surgery in the previous 30 days and 74 were on chemotherapy treatment or in the follow-up phase. The most common HAIs were urinary infections (57.9%), surgical wound infections were present in 42.1%. 14.5% had central venous catheter infection and 21.7% of patients blood stream infections. The median length of stay for patients with post-operative infection or with an infective event during chemotherapy was 25 days. After discharge, 22% of patients were readmitted to the hospital due to new infection and were hospitalized for 22 days on average. The total cost that our hospital paid for the treatment of infected patients was 4.598391 \$.

Conclusion* Bowel resection appears to be the procedure most associated with the development of HAIs. An important method of reducing the risk of infections is careful screening of patients and risk factors before admission.

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PERIOPERATIVE ANAEMIA AND ITS PERILS

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Introduction/Background* Anaemia (haemoglobin <130g/l) is an established, independent risk factor for perioperative morbidity and mortality¹, the aetiology of which is diverse within in the gynaecological oncology population. We audited the management and consequences of perioperative anaemia in accordance with NICE guidelines² in a quaternary gynaecological oncology unit in London, United Kingdom (UK).

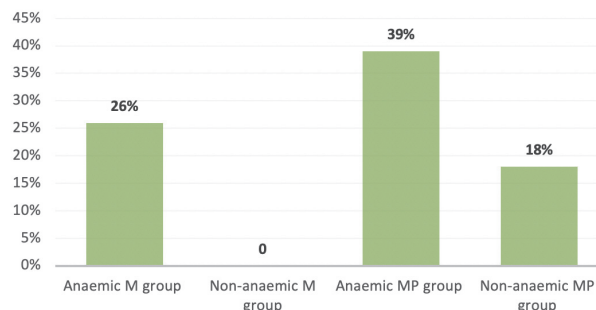
Methodology We performed a retrospective electronic case note review of women undergoing major (M) or major-plus (MP) gynaecological oncology surgeries between 1st September 2019 and 29th February 2020. The category of operation was standardised at the unit.

Result(s)* Of 236 notes audited, 58.5% (n = 138) were anaemic pre-operatively.

87/236 patients underwent M surgery and 149/236 patients underwent MP surgery. The prevalence of anaemia was 43.7% in the M cohort (n=38) versus 67.1% in the MP cohort (n = 100). Mean Hb was the same between groups (113.4g/L vs. 113.4g/L). Only 4% (n=6) of patients had iron studies sent pre-operatively. No patients received an iron infusion pre-operatively, whilst 2.9% of patients had pre-operative blood transfusions.

The mean estimated blood loss (EBL) for all groups was 289.4ml. 53% of patients (n = 125) did not have any documented operative EBL. The overall incidence of post-operative blood transfusion was 24.6% (n=58). Women identified with pre-operative anaemia had a higher incidence of post-operative blood transfusion (anaemic 35.5% vs. non anaemic 9.2%).

Post-operative transfusion incidence



Abstract 651 Figure 1 Post-operative transfusion incidence

Mean length of stay (LOS) was greater in anaemic M (3.4 vs.2.2 days) and MP (6.9 days vs. 5.1 days) procedures compared to their non-anaemic counterparts.

Conclusion* Our analysis reveals a need for improvement in the management of peri-operative anaemia in our population. It also demonstrates the peri-operative consequences of untreated anaemia including a higher incidence of post-operative blood transfusion and increased LOS.

Our department is working to define a specific anaemia management pathway for all patients undergoing M or MP gynaecological surgery and we aim to undertake a randomised control trial to show our results.

• Musallam KM et al. Preoperative anaemia and postoperative outcomes in non-cardiac surgery: a retrospective cohort study *Lancet*. 2011 Oct 15;378(9800):1396-407. doi: 10.1016/S0140-6736(11)61381-0. Epub 2011 Oct 5.

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AN AUDIT AND FEEDBACK INTERVENTION TO MONITOR QUALITY OF CARE OF OVARIAN CANCER ACCORDING TO ESGO GUIDELINES IN THE PIEMONTE CANCER NETWORK

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Introduction/Background* Epithelial ovarian cancer (EOC) is the most lethal gynaecological cancer with 3285 estimated deaths in Italy in 2021. In 2016, the Piedmont and Valle d'Aosta Oncology Network (NW Italy) started on an Audit