

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.

651

#### PERIOPERATIVE ANAEMIA AND ITS PERILS

S Patel\*, S John, G Pactat, S Saso, S Thakrar. *Queen Charlotte's and Chelsea Hospital, UK*

10.1136/ijgc-2021-ESGO.311

**Introduction/Background\*** Anaemia (haemoglobin <130g/l) is an established, independent risk factor for perioperative morbidity and mortality<sup>1</sup>, 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 guidelines<sup>2</sup> in a quaternary gynaecological oncology unit in London, United Kingdom (UK).

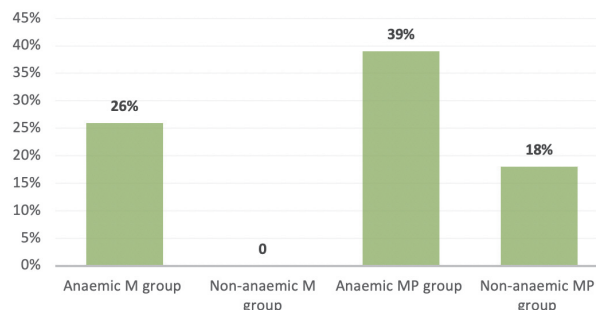
**Methodology** We performed a retrospective electronic case note review of women undergoing major (M) or major-plus (MP) gynaecological oncology surgeries between 1<sup>st</sup> September 2019 and 29<sup>th</sup> February 2020. The category of operation was standardised at the unit.

**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.

National Institute for Health and Care Excellence. Perioperative care in adults; NICE guideline 2020 (Clinical guideline [NG180]). Available from <https://www.nice.org.uk/guidance/ng180>

673

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

<sup>1</sup>A Ferrero\*, <sup>2</sup>E Pagano, <sup>3</sup>M Mistrangelo, <sup>1</sup>L Fuso, <sup>2</sup>VH Martins, <sup>4</sup>G Valabrega, <sup>5</sup>ME Laudani, <sup>4</sup>F Marocco, <sup>6</sup>D Surico, <sup>7</sup>E Piovano, <sup>8</sup>M Barbero, <sup>9</sup>M Camanni, <sup>10</sup>EM Delpiano, <sup>11</sup>A Puppo, <sup>11</sup>A Daniele, <sup>12</sup>L Zavallone, <sup>13</sup>V Aguggia, <sup>14</sup>R Fiorentino, <sup>2</sup>G Ciccone, <sup>5</sup>P Zola. <sup>1</sup>Mauriziano Hospital, Academic Department Gynaecology and Obstetrics, Torino, Italy; <sup>2</sup>Città della Salute e della Scienza, University of Turin, Department of Epidemiology, Torino, Italy; <sup>3</sup>Città della Salute e della Scienza, Department of Piemonte and Valle d'Aosta Cancer Network, Torino, Italy; <sup>4</sup>Candiolo Cancer Institute, FPO-IRCCS, Department of Oncology, Candiolo, Italy; <sup>5</sup>Città della Salute e della Scienza, University of Turin, Gynaecological Oncology Unit, Department Surgical Sciences, Torino, Italy; <sup>6</sup>University of Eastern Piedmont, Obstetrics and Gynecology Clinic, Novara, Italy; <sup>7</sup>Regina Montis Regalis Hospital, Obstetrics and Gynecology Unit, Mondovì, Italy; <sup>8</sup>Cardinal Massaia Hospital, Obstetrics and Gynaecology, Asti, Italy; <sup>9</sup>Gradenigo Hospital, Gynecological Surgery, Torino, Italy; <sup>10</sup>Martini Hospital, Obstetrics and Gynaecology, Torino, Italy; <sup>11</sup>Santa Croce e Carle Hospital, Obstetrics and Gynaecology, Cuneo, Italy; <sup>12</sup>Infermi Hospital, Department of Medical Oncology, Ponderano, Biella, Italy; <sup>13</sup>SS. Antonio e Biagio Hospital, Obstetrics and Gynaecology, Alessandria, Italy; <sup>14</sup>Castelli Hospital, Obstetrics and Gynaecology, Verbania, Italy

10.1136/ijgc-2021-ESGO.312

**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

and Feedback (A&F) intervention to improve the quality and equity of care for ovarian cancer patients residing in Piedmont. This A&F is part of the activities of the EASY-NET network program (<https://easy-net.info/>).

**Methodology** All consecutive patients treated for newly diagnosed EOC were included by 34 centres from May 2016 to September 2020. Clinical data were entered in a dedicated web database and data quality was centrally monitored. During the audit, 14 feedback meetings were organized with the participating centres to discuss data quality and preliminary results. The treating hospitals were classified according to the mean yearly volume of surgical activity ( $\geq 35$ ; 34-18; <18 patients). Adherence to previously selected structure, process and outcome indicators were analysed by volume of activity of the centre and semester of enrolment. Adherence was classified as: high (>75%), medium (75-60%) and low (<60%). Overall survival (OS) was analysed with a multivariable Cox model including prognostic factors, hospital volume of activity and level of adherence to process indicators.

**Result(s)\*** The present analysis includes 905 patients with EOC diagnosed until December 2019 (23.4% early stages, 76.6% advanced). Out of 12 analysed indicators, 4 showed a high level of adherence (e.g., Completeness of diagnosis and staging: 83%), 3 a medium level (e.g., Adherence to surgical guidelines: 65.5%) and 5 a low level (e.g., Timing and number of cycles for NACT: 57.1%). In general, there was a lower adherence to guidelines by centres with a low volume of activity. For most of the indicators there was an improvement over time. Adherence to guidelines was associated to better OS after adjustment for prognostic factors.

**Conclusion\*** The A&F intervention was useful to support the identification of reference centres, to promote centralization, to reduce variability among regional hospitals and to increase the appropriateness of treatment. Adherence to guideline recommendations was associated to a better outcome.

The EASY-NET project was funded by Ministry of Health and participating Regions (NET-2016-02364191).

includes demographics, physician and medical student's clinical experience and their training and educational preferences.

**Result(s)\*** A total of 831 physicians, including 25% gynecologists, 23.1% internal specialists and 315 medical students have participated in the survey. Physicians stated that 45.2% deliver bad news several times a week and 32.6% several times a month. Difficulties controlling their emotions was declared by 37% of the participants. The median score concerning fear was 3.5 on a scale of 0 to 10; for medical students the median score was 5.2. When delivering bad news, 70.4% of the physicians are generally alone with the patient; only 57.4% encouraging patients to be accompanied by their friends or relatives. Among the physicians, only 31.2% mentioned having learned adequate communication skills. Almost all physicians stated that communication with patients has a significant impact on their employee satisfaction. Therefore, a need for systematic training and education in breaking bad news exists. The most preferred educational tools were seminars with simulation patients (53.3%/79.3%), learning from supervisors (59.7%/64.1%) and systematic supervision (48.9%/40.4%) for physicians and medical students respectively. Digital tools may help in preparing individual sessions (54.6%) and for debriefing (38.8%) in the clinical day practice. Missing awareness (52.5%), costs (35.1%) and limited time (10.3%), were the largest barriers for communication education.

**Conclusion\*** We could demonstrate the high need for more education and training in breaking bad news communication skills among physicians and medical students. Hospitals, authorities, medical schools and post-graduate training programs are strongly encouraged to fill this gap.

686

#### IMPACT OF COVID PANDEMIC IN THE DIAGNOSIS OF ENDOMETRIAL AND OVARIAN CANCERS

JM Sole-Sedeno\*, E Miralpeix Rovira, S Espuelas, J Castella, B Fabrego, A Salvado, G Mancebo. *Hospital del Mar, Gynecology and Obstetrics, Barcelona, Spain*

10.1136/ijgc-2021-ESGO.314

**Introduction/Background\*** The COVID pandemic has had the collateral effect of an alteration in the diagnosis and care of other diseases. In our center, a 30% decrease in the number of cancer diagnoses has been estimated. The objective of this study was to account for this variation in the area of gynecological oncology.

**Methodology** The diagnoses of endometrial cancer and ovarian cancer, of any histology, diagnosed in our center between April 1, 2019 and March 31, 2021 were reviewed. Data were compared between the pre-COVID period (1/04/19-31/03/20) and COVID (01/04/20-31/03/21).

**Result(s)\*** The number of endometrial cancer diagnoses decreased from 33 to 25 cases (25% decrease). Grouped by stages, initial diagnoses (FIGO I/II) went from 72% to 64%, with an increase in advanced stages (FIGO III/IV) (27% to 36%).

Regarding ovarian cancer, the number of diagnoses was similar (24 pre-COVID vs 26 COVID), although with a slight increase in advanced stages (58% pre-COVID vs 65%). Within the advanced ones, we observed a significant increase in their severity, being in COVID time all stages III (14 cases), while in COVID time 11.2% were IVA stages and 41.2% IVB.

684

#### HOW TO BREAKING BAD NEWS: AN INTERNATIONAL SURVEY AMONG PHYSICIANS AND MEDICAL STUDENTS IN 1146 PARTICIPANTS

<sup>1,2</sup>J Sehouli\*, <sup>3</sup>A Pirmorady, <sup>2</sup>S Boz, <sup>4,5</sup>K Hasan, <sup>1,2</sup>K Pietzner, <sup>6</sup>E Petru, <sup>7</sup>V Heinzelmann-Schwarz, <sup>1</sup>E Roser, <sup>1</sup>D Dimitrova, <sup>1</sup>E Herzog. <sup>1</sup>Charité Universitätsmedizin Berlin, Klinik für Gynäkologie, Campus Virchow Klinikum, Berlin, Germany; <sup>2</sup>Noggo e.V., Nord-Ostdeutsche Gesellschaft für Gynäkologische Onkologie, Berlin, Germany; <sup>3</sup>Charité Universitätsmedizin Berlin, Medizinische Klinik mit Schwerpunkt Psychosomatik, Berlin, Germany; <sup>4</sup>MVZ Nazarethkirchstraße, Berlin, Germany; <sup>5</sup>AMBOSS GmbH, Berlin, Germany; <sup>6</sup>Univ. Klinik für Frauenheilkunde und Geburtshilfe, Medizinische Universität Graz, Klinische Abteilung für Gynäkologie, Graz, Austria; <sup>7</sup>Universitätsspital Basel, Gynäkologie/Gynäkologische Onkologie Frauenklinik, Basel, Switzerland

10.1136/ijgc-2021-ESGO.313

**Introduction/Background\*** Delivering bad news to patients is one of the most challenging everyday tasks in medical practice. Despite its high relevance for patients, relatives, and medical staff, there is lacking data about training, experience, expectations and preferences of physicians and medical students on breaking bad news.

**Methodology** We therefore conducted an international survey in Germany, Switzerland and Austria using an online questionnaire among physicians and medical students. Recorded data