gynaecological malignancies, particularly after surgical procedures. Furthermore, we performed an economic analysis to provide an overview of HAI-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 31th 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 HAI 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 HAI 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 an infective event and were hospitalized for 22 days on average. The total cost that our hospital paid for the treatment of infected patients was 4,598,391 $.

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

Introduction/Background Anaemia (haemoglobin <130g/L) is an established, independent risk factor for perioperative morbidity and mortality, the aetiology of which is diverse within the gynaecological oncology population. We audited the management and consequences of perioperative anaemia in a 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 performed 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%).

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.


651 PERIOPERATIVE ANAEMIA AND ITS PERILS

S Patte*, S John, G Pacakt, S Sas, S Thakrar, Queen Charlotte’s and Chelsea Hospital, UK

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Abstract 651 Figure 1 Post-operative transfusion incidence

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

A Ferrero*, E Pagano, M Mistrangelo, L Fuso, VH Martinis, G Valabrega, ME Laudani, F Marocco, Sirico, E Piovan, M Barbero, M Camanni, EM Delpiano, A Puppo, A Daniele, L Zavallone, V Aguglia, R Fiorentino, Ciccone, Zola. Mauriziano Hospital, Academic Department Gynecology and Obstetrics, Turin, Italy; Città della Salute e della Scienza, University of Turin, Department of Epidemiology, Turin, Italy; Città della Salute e della Scienza, Department of Gynecology and Obstetrics, Turin, Italy; Città della Salute e della Scienza, University of Turin, Gynecologic Oncology Unit, Department Surgical Sciences, Turin, Italy; University of Eastern Piedmont, Obstetrics and Gynecology Clinic, Novara, Italy; Regina Montis Regalis Hospital, Obstetrics and Gynecology Unit, Mondovì, Italy; Cardinal Massaia Hospital, Obstetrics and Gynecology, Asti, Italy; Gademengo Hospital, Gynecologic Surgery, Torino, Italy; Martini Hospital, Obstetrics and Gynecology, Torino, Italy; Santa Croce e Carle Hospital, Obstetrics and Gynecology, Cuneo, Italy; Infermi Hospital, Department of Medical Oncology, Ponderano, Biella, Italy; S Antonio e Biagio Hospital, Obstetrics and Gynecology, Alessandria, Italy; Castelli Hospital, Obstetrics and Gynecology, Verbania, Italy

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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 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 (3), 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.

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