

Methods Patients undergoing resection of ovarian, uterine, or cervical cancer between 2005–2019 were identified using the NSQIP database. Body mass index (BMI), weight loss, and albumin were used to evaluate whether patients met various malnutrition criteria (severe, ESPEN1, ESPEN2, ACS, mild, albumin<3.5g/dL; figure 1). Outcomes included 30-day major post-operative complications, readmission, and reoperation. Modified Poisson regression was used to estimate the association between each definition and outcomes using risk ratios (RR) and 95% confidence intervals (CI).

Results Ovarian cancer patients meeting ESPEN2 had higher risk of readmission (RR 1.69;1.29–2.20), reoperation (RR 2.53;1.70–3.77), and complications (RR 1.36; 1.20–1.54; Table). Uterine cancer patients meeting ACS had increased risk of readmission (RR 2.74;2.09–3.59), reoperation (RR 3.61;2.29–5.71) and complications (RR 3.92;3.40–4.53). For cervical cancer, albumin<3.5 was associated with readmission (RR 1.48;1.01–2.19), reoperation (RR 2.25;1.17–4.34), and complications (RR 2.59;2.11–3.17). Albumin<3.5 was also associated with increased risk of all outcomes for ovarian and uterine cancer patients.

Conclusions The malnutrition definitions predicting the highest number of adverse post-operative outcomes varies by cancer type. Major complications, readmission, and reoperation were

associated with BMI<18.5 alone for ovarian cancer (ESPEN2), with 10% recent weight loss and a normal or overweight BMI for uterine cancer (ACS), and with albumin<3.5 for all cancers. These criteria may be useful for cancer-specific pre-operative planning.

OP027/#469 ELECTRONIC PATIENT-REPORTED OUTCOME (EPRO) MEASURES IN GYNECOLOGIC ONCOLOGY: INITIAL EXPERIENCE AFTER WORKFLOW IMPLEMENTATION

J Noh*, C-H Choi, T-J Kim, J-W Lee, Y-Y Lee. *Samsung Medical Center, Obstetrics and Gynecology, Seoul, Korea, Republic of*

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Objectives The aim of this study was to report our initial experience with a mobile app of electronic patient-reported outcome (ePRO) for patients undergoing treatment for gynecologic malignancies.

Methods The target patients were introduced to a mobile app in which they could answer to pre-selected questions. The questions included the quantification of fatigue, pain, anxiety, dizziness, hair loss, peripheral numbness, tingling, nausea, myalgia, depression, insomnia and others. Two different sets of questions were used for surgery and chemotherapy.

Results A total of 61 patients reported more than 29,000 data points. The mean ages were 53.0 ± 12.2 years old for the surgery group and 54 ± 13.2 years old for the chemotherapy group. The median numbers of app use during the course of treatment was 10 and 13 for the surgery and chemotherapy groups, respectively. The mean duration of app use to complete each report was 8 ± 13 minutes for the surgery and 7 ± 12 minutes for the chemotherapy groups. This did not differ by age groups, suggesting that there were no difficulties of using the app for any specific age group. ePRO was able to detect the occurrence of both expected and unexpected side effects. In addition, a gradual increase in the severity of side effects over the course of treatment, especially for those who received chemotherapy, could be observed.

Conclusions ePRO have a great potential to improve patient care in gynecologic oncology by providing a comprehensive documentation of symptoms and side effects.

Severe Malnutrition BMI < 18.5 + weight loss*	ESPEN 1 If <70 yo: BMI 18.5-20 + weight loss* OR If ≥70 yo: BMI 18.5-22 + weight loss*	ESPEN 2 BMI < 18.5	ACS If <70 yo: BMI >20 + weight loss* OR If ≥70 yo: BMI >22 + weight loss*	Mild Malnutrition If <70 yo: BMI 18.5-20 OR If ≥70 yo: BMI 18.5-22	Albumin <3.5 g/dL
*weight loss is defined as loss of >10% body weight over 6 months prior to surgery					

Abstract OP026/#45 Figure 1 Malnutrition definitions

Abstract OP026/#45 Table 1 Association between malnutrition definitions and outcomes by cancer presented as risk ratios and 95% confidence intervals

	Uterine	Cervical	Ovarian
Major complication(s)¹			
Mild malnutrition	1.33 (1.14, 1.55)	1.69 (1.30, 2.18)	1.16 (1.07, 1.26)
Severe malnutrition	7.85 (6.10, 10.11)	4.83 (2.54, 9.21)	2.05 (1.66, 2.53)
ESPEN 1	3.65 (2.23, 5.97)	3.62 (1.53, 8.54)	1.65 (1.34, 2.01)
ESPEN 2	1.74 (1.36, 2.22)	1.92 (1.32, 2.79)	1.36 (1.20, 1.54)
ACS	3.92 (3.40, 4.53)	3.51 (2.49, 4.95)	1.67 (1.52, 1.82)
Albumin<3.5 g/dL ³	3.74 (3.48, 4.02)	2.59 (2.11, 3.17)	1.74 (1.65, 1.83)
Unplanned readmission²			
Mild malnutrition	1.17 (0.93, 1.48)	1.46 (1.00, 2.15)	0.96 (0.78, 1.18)
Severe malnutrition	---	---	---
ESPEN 1	---	---	---
ESPEN 2	1.15 (0.74, 1.79)	1.33 (0.71, 2.50)	1.69 (1.29, 2.20)
ACS	2.74 (2.09, 3.59)	2.45 (1.24, 4.82)	1.36 (1.06, 1.75)
Albumin<3.5 g/dL ³	2.38 (2.10, 2.69)	1.48 (1.01, 2.19)	1.28 (1.11, 1.47)
Unplanned reoperation²			
Mild malnutrition	0.98 (0.61, 1.58)	0.91 (0.38, 2.21)	0.95 (0.66, 1.38)
Severe malnutrition	---	---	---
ESPEN 1	---	---	---
ESPEN 2	1.25 (0.56, 2.77)	1.42 (0.46, 4.38)	2.53 (1.70, 3.77)
ACS	3.61 (2.29, 5.71)	2.23 (0.57, 8.69)	1.09 (0.65, 1.81)
Albumin<3.5 g/dL ³	2.56 (2.01, 3.25)	2.25 (1.17, 4.34)	1.31 (1.01, 1.70)

¹ Major complications included unplanned intubation, ventilator use >48 hours, sepsis, septic shock, pneumonia, deep incisional surgical site infection, acute renal failure, organ space surgical site infection, renal insufficiency, wound disruption, pulmonary embolism, myocardial infarction, cardiac arrest requiring CPR, stroke/cerebrovascular accident with neurological deficit, deep vein thrombosis, blood transfusion

² Outcome only available starting in 2011

³ Only among the subset of patients with pre-operative serum albumin

--- = models did not converge due to low event rate after dividing by malnutrition definition and cancer type

Surgical Film Abstracts

SF001/#65 LAPAROENDOSCOPIC RADICAL TRACHELECTOMY AND PELVIC LYMPHADENECTOMY WITHOUT UTERINE MANIPULATOR

H Lu*, C Huo, Z Lin. *The Sun Yat-Sen memorial hospital of Sun Yat-Sen University, Gynecologic Oncology, Guangzhou, China*

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Introduction In face of the postponement in marital and reproductive age in the modern society, most of the patients with cervical cancer have not conceived yet or still bear fertility plans. We herein introduce the Laparoendoscopic radical trachelectomy (LRT) a surgery called radical trachelectomy through a minimally invasive approach for young patients with cervical cancer to preserve fertility without compromising the oncology outcomes.