

surgeons at UHL. This information is important for patient counselling.

Methodology We identified all major gynaecology oncology cases performed at our tertiary centre in 2021. Cases were assessed for operation type, diagnosis and co-morbidities. Complications then assessed using Clavien-Dindo classification. Data about complications obtained from Electronic Discharge Notes and follow up clinic letters. Standard used was the UK Gynaecological Oncology Surgical Outcomes and Complications audit of 25.9% on inclusion of all patient-reported complications.

Results A total of 363 operations were identified with a rate of minor complications (Clavien-Dindo 1,2) of 18% and the rate of major complications (Clavien-Dindo 3,4) was one case had left ureteric injury 0.003%. 8 cases had (0.022%) intra-operative complications were described as follows: 2 bladder injuries, 1 ureteric injury, 5 bowel injuries. 2 (0.006%) deaths were recorded within 28 days of the operation (one due to COVID 19 infection and another death related to lung metastasis). No return to theatre cases were observed.

Conclusion Our major complication rate was observed to be below the national average, which is a good reflection of expertise and the value of the super specialization within our department. This results are helpful when consenting patients for procedures, as it gives knowledge on the true numbers at the local level.

2022-RA-1421-ESGO GYNAECOLOGICAL SKILLS TRAINING IMPACT ASSESSMENT OF TRAINEES IN NORTHERN IRELAND

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Introduction/Background Training in gynaecological skills has been significantly impacted by COVID-19. The Royal College of Obstetricians & Gynaecologists (RCOG) in the UK recommended a training impact assessment of trainees as part of the gynaecological surgery recovery plan.

Methodology The RCOG gynaecology recovery plan was discussed at NI school board and an online training impact survey was developed. It was then disseminated to all trainees within NI deanery and results feedback to individual units.

Results 36 responses to date from all levels of trainees and all units within NI. The results for rating current training were; very poor 8%, poor 44%, fair 36%, good 6% and very good 6%. An average of 3 gynaecology clinics were attended in the previous 8 weeks. Only 14% felt their skills were appropriate for their training grade. For attendance in gynaecology theatre; 44% <1 per month, 36% 1–2 per month, 17% 1 per week and 3% >1 per week. For proportion of time as lead operator only 33% of trainees were lead operator for >50% of cases. For procedural competence; 50% diagnostic laparoscopy, 17% operative laparoscopy, 11% hysterectomy (abdominal, laparoscopic and vaginal 11% each), 19% vaginal repair and 31% laparoscopic management of ectopic pregnancy. 64% required gynaecological summative OSATs this year. 19% were doing a gynaecology ATSM of which 57% felt they would complete. 78% of all responders felt they would not be competent at gynaecological surgery by the end of training.

Conclusion COVID-19 has significantly impacted training in gynaecology surgery with the majority of trainees in a large UK deanery feeling they won't be competent at gynaecological surgery on completion of their training. Work needs to be done to improve training overall, perhaps with the use of simulation.

2022-RA-1434-ESGO PALONOSETRON VERSUS GRANISETRON FOR PREVENTION OF NAUSEA AND VOMITING DURING PACLITAXEL AND CARBOPLATIN THERAPY: A PILOT STUDY

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Introduction/Background Emetogenicity of carboplatin is classified in moderate risk. Moreover, dexamethasone, 5-HT₃ receptor antagonist, and NK1 receptor antagonist are recommended to be combined. TC therapy (paclitaxel and carboplatin) is one of the major regimens in gynaecological malignant tumors. There is no definite evidence of superiority of second-generation 5-HT₃ antagonist to first-generation in triple antiemetic therapy. However, pharmaceutical prices of palonosetron, second-generation 5-HT₃ antagonist are approximately 5.7 times expensive compared to granisetron, first-generation 5-HT₃ antagonist. Consequently, it may result in financial stringency. Non-inferiority prospective study was planned to compare efficacy and side effects between palonosetron and granisetron.

Methodology Gynaecological malignant tumor patients over the age of 20 without history of chemotherapy and who were receiving TC therapy after June 2018 in our institution were recruited. Prior to chemotherapy, patients were intravenously administered hoesaprepitant 150 mg, dexamethasone 13.2 mg, followed by palonosetron 0.75 mg or granisetron 3 mg with random allocation. This study was analyzed prospectively. Primary endpoint was delayed complete control.

Results Thirty-one patients were included in the analysis: 15 patients in palonosetron group and 16 patients in granisetron group. There were no significant differences in patient characteristics (age, PS, BMI, and type of cancer). No significant differences were seen in primary endpoint ($p=0.93$) and secondary endpoint; complete nausea suppression rate ($p=0.59$), complete vomiting suppression rate ($p=0.081$), administration of additional antiemetic ($p=0.96$), acute complete responses ($p=0.56$), acute complete control ($p=0.096$), and delayed complete responses ($p=0.50$).

Conclusion Possibility of non-inferiority of granisetron to palonosetron has shown in this study.

2022-RA-1484-ESGO PECULIARITIES OF BREAST CANCER IN YOUNG WOMEN AT THE MEDICAL ONCOLOGY DEPARTMENT- TLEMCCEN

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Introduction/Background Breast cancer in young women is defined as cancer occurring in a woman under the age of 35.