mobilization on day of surgery. The outcome measures include duration of hospital stay, readmission within 21 days, time taken for return of bowel function, rate of postoperative ileus and incidence of surgical site infections.

**Results** 30 patients were included in Group E and Group C each. The duration of hospital stay, rate of postoperative ileus and incidence of surgical site infections were significantly decreased in the ERAS group.

**Conclusion** ERAS protocol has a significant beneficial effect on perioperative outcomes in Gynaecologic oncology patients.

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**2022-RA-1524-ESGO**

Covid-19 pandemic impact on the availability and implementation of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (CRS+HIPEC) procedures in patients with peritoneal carcinomatosis at the Wroclaw comprehensive cancer centre – a single-centre study

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**Introduction/Background** The impact of the COVID-19 pandemic on the oncological care system report shows that the number of new diagnoses of malignant neoplasms in Poland has decreased by 20% and there has been a decrease by 10–15% in the area of oncological surgery procedures (https://www.zwrotnikraka.pl/influencing-pandemic-covid-19-na-system-oncological-care/). It is also known CRS+HIPEC procedures in the treatment of patients with primary and secondary peritoneal neoplasms have been performed in Poland in insufficient amounts for many years (http://www.chirurgia-onkologiczna.pl/images/files/hipec.pdf). The aim of the study was to analyse the changes in the availability and implementation of CRS+HIPEC procedures performed at the Wroclaw Comprehensive Cancer Center (WCCC) Poland, during the COVID-19 pandemic.

**Methodology** Demographic, clinical, oncological and technical aspects database of all CCCW patients undergoing the CRS+HIPEC procedure was created. Statistical analysis of the data was carried out using the Statistica version 12.5 (StatSoft) program, with particular emphasis on the period of the COVID-19 pandemic (from 03.2020).

**Results** In the period from 01.2014 to 04.2022, a total of 232 CRS+HIPEC procedures were performed at CCCW, on average 28 per year (range 20–37). During the COVID-19 pandemic (from 03.2020), after the initial complete suspension of CRS+HIPEC procedures (03–05.2020), their dynamic growth occurred – 72 procedures were performed in the period 06.2020 – 04.2022 in total. The main indications were ovarian (40%) and colorectal (39%) cancers. During the COVID-19 pandemic, the Clavien-Dindo grade III and IV complication rate (14%) did not change, and there were no perioperative deaths recorded.

**Conclusion** In the era of the COVID-19 pandemic, CRS+HIPEC procedures remain a safe and promising therapeutic option for selected patients with primary and secondary peritoneal cancers.

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Uterine PEComa and Prognostic Value of the Proposed Classification Systems: A Retrospective Study, Systematic Review, and Meta-analysis

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**Introduction/Background** Perivascular epithelioid cell tumors (PEComas) is a rare subtype of mesenchymal tumors composed of perivascular epithelioid cells. The main concern after the diagnosis is predicting the disease behavior: four classification systems have been proposed for this purpose based on size, pathological characteristics, and immunohistochemical characteristics.

**Methodology** We retrospectively reviewed the prospectively collected pathologic registry to identify all cases of uterine PEComa diagnosed and treated at our center. Moreover, we conducted a systematic review of the literature to identify all published cases of uterine PEComa pathologically confirmed. For each identified case with available data, we applied all the proposed classification systems (FOLPE, FOLPE modified, Bennet, and Schoolmester) and assessed their performance with cox regression analysis.