difference in PFS was observed between treatment arm in patients without HRD positive tumors (HR, 0.92; 95% CI, 0.59–1.43; P=0.69). The effect of the interaction between olaparib and HRD status on PFS, in the interim study, was similar for the two stratification methods (P=0.20).

Conclusion The interim results of SOPHiA DDM Dx HRD Solution evaluation study support the value of lpWGS data for patient stratification, making it suitable for HRD testing in the clinical setting.

2022-RA-919-ESGO A PILOT STUDY OF INTERVAL CYTOREDUCTIVE SURGERY AND HIPEC FOR ADVANCED EPITHELIAL OVARIAN CANCER IN THE UK

[1]Katelijn Sap, [1]Omer Aziz, [1]Bridget Decruze, [2]Jurjees Hasan, [1]Sarah O'Dwyer, [1]Brett Winter-Roach. [1]*Surgery, The Christie NHS Foundation Trust, Manchester, UK*; [2]*Medical Oncology, The Christie NHS Foundation Trust, Manchester, UK*

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Introduction/Background The Christie is one of the first cancer referral centres to offer hyperthermic intraperitoneal chemotherapy (HIPEC) to patients with advanced epithelial ovarian cancer (AEOC) in the UK.Despite the OVHIPEC1-trial showing longer recurrence free and overall survival for patients undergoing interval cisplatin cytoreductive surgery (CRS) with the addition of HIPEC compared to CRS alone, HIPEC is not yet offered as NHS-funded treatment for AEOC. We report early follow up data on safety and feasibility of CRS+HIPEC in ovarian cancer patient at the Christie, including costs, adding to the evidence that HIPEC is a cost-efficient addition to current treatment for patients with AEOC.

Methodology Patients with high grade AEOC who achieved a partial response to 3 or 4 cycles of neoadjuvant carboplatin and paclitaxel chemotherapy were selected for interval CRS +HIPEC. The procedure was performed by Gynaecological Surgical Oncologists in collaboration with Peritoneal Surgeons with extensive experience in performing HIPEC procedures. Closed HIPEC delivery technique was used. Cisplatin was perfused at a dose of 100 mg/m2.

Results 9 patients have undergone CRS+HIPEC for AEOC at The Christie since October 2021. By the LBA submission deadline, this will be 10. We will report on median time to surgery from chemotherapy, pre- and postsurgical PCI score, mean length of stay and CCU stay, intra- and postoperative complications and 30 and 90 day mortality.Overall costs of the postoperative care of CRS+HIPEC will be compared to CRS alone in our setting.

Conclusion Interval CRS+HIPEC is feasible and safe for AEOC in a tertiary cancer centre setting. There does not seem to be a significant difference in postoperative complication rate and associated costs compared to the current standard treatment of interval CRS alone.

2022-RA-921-ESGO SYSTEMATIC NURSE-LED CONSULTATIONS BASED ON ELECTRONIC PATIENT-REPORTED OUTCOMES AMONG WOMEN WITH GYNAECOLOGICAL CANCER DURING CHEMOTHERAPY-THE CONNECT STUDY

[1]Mille Guldager Christiansen, [1]Helle Pappot, [2]Mary Jarden, [3]Mansoor Raza Mirza, [3]Karin Piil. [1]*Department of Oncology, Copenhagen University Hospital, Rigshospitalet, Copenhagen, Denmark*; [2]*Department of Hematology, Copenhagen University Hospital, Copenhagen, Denmark*; [3]*Department of Oncology, Copenhagen University Hospital, Copenhagen, Denmark*

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Introduction/Background During chemotherapy, women with ovarian and endometrial cancer experience a significant physical and psychological burden due to the disease and treatment. Patient-reported outcomes (PRO) can help enhance patient-clinician communication, symptom management, patient satisfaction, and quality of life (HRQoL), and electronic PRO (ePRO) can provide appropriate and continuous symptom monitoring. The objective of this study is to develop and investigate the feasibility and effect of systematic nurse-led consultations based on ePRO integrated into a multidisciplinary treatment regimen for patients with ovarian- and endometrial cancer on HRQoL.

Methodology A quasi-experimental four-phase, sequential cohort research design with comparisons between non-equivalent groups. This study will examine: 1) the frequency and severity of clinician-reported symptoms and adverse events, HRQoL (EORTC QLQ-C30+ OV-28/EN-24), levels of anxiety and depressive symptoms (HADS), and self-efficacy (SES6G) among women with ovarian- or endometrial cancer receiving standard care (n=41), 2) developmental phase, 3) test the feasibility of systematic nurse-led consultations based on ePRO (n=20), 4) estimate the effect of the ePRO based model on frequency and severity of nurse-reported symptoms and adverse events, HRQoL, HADS, and SES6G compared to standard care (n=41). The difference in global HRQoL (EORTC QLQ-C30) after 9 months will be the primary outcome. Further, we will conduct qualitative individual and focus-group interviews to explore experiences and satisfaction among patients, nurses, and physicians.

Results We will involve a patient advisory board throughout the research phases to provide research feedback, comment on written materials, and contribute to the research's progress. In addition, the algorithms on the ePRO platform separate the patient's response to symptom severity into three levels.

Conclusion We hypothesize that proactive use of ePRO in nurse-led consultations may contribute to increased quality of life, symptom- and self-management, and CONNECTion between patients and healthcare professionals.