groups more predisposed to PTSD. Distress was highest in emergency admissions, reinforcing the need for earlier diagnosis through improved diagnostic pathways. Psychological support may improve patient experience, especially for younger, less educated unemployed women.

2022-RA-1255-ESGO CLINICOPATOLOGICAL FEATURES AND TREATMENT OUTCOMES OF OVARIAN CLEAR CELL CARCINOMA: THE PAN-BIRMINGHAM GYNAECOLOGICAL CANCER CENTRE EXPERIENCE

Anastasios Tranoulis, Felicia Elena Buruiana, Fong Lien Audrey Kwong, Janos Balega, Kavita Singh. *Gynaecological Oncology, The Pan-Birmingham Gynaecological Cancer Centre, Birmingham, UK*

10.1136/ijgc-2022-ESGO.669

Introduction/Background To evaluate clinico-pathological factors and oncological outcomes in ovarian clear cell carcinoma (OCCC)

Methodology Retrospective cohort study, spanning the period 2000–2022. One-hundred women with OCCC were enrolled. Clinico-pathological, and treatment data were analysed to identify plausible predictors. Survival analysis was performed via the Kaplan-Meier method, log-rank test and Cox-regression. The census day was 1st April 2022.

Results The median age at diagnosis was 59.6 years. The majority of women were diagnosed with stage I 55/100 (55%). Of these, 28/55 (50.9%) were stage IA, 16/55 (20.1%) stage IC on the basis of rupture-only, and 11/55 (20%) stage IC on the basis of surface involvement and/or positive cytology. 45/100 (45%) of women were stage III-IV. 51/100 (51%) of women had concomitant diagnosis of endometriosis. The median PFS and OS in women with stage I was 58.00 (95% CI 29.00 – 68.00) and 189.00 (95% CI 60.00 – 189.00) months, respectively. There was statistical difference in PFS/OS in women with stage IA and IC. In the subgroup analyses, women with stage IC on the basis of surface involvement and/or positive cytology demonstrated a statistically significant decrement in both PFS (HR=3.79, 95% CI 1.12 – 22.6) and OS (HR=5.32, 95% CI 1.25–26.2). The median PFS and OS in women with stage III-IV was 24.00 (95% CI 14.00 – 47.00) and 44.00 (95% CI 19.00 – 65.00) months, respectively. The presence of residual disease was found to be a prognosticator for survival, whilst adjuvant chemotherapy or presence of endometriosis were not significantly associated with poorer outcomes.

Conclusion OCCC usually presents in young women and at early-stage. Stage IA has an excellent prognosis compared to stage IC and III/IV. Surface involvement and/or positive cytology are seemingly independent prognosticators vis-à-vis endometriosis or adjuvant chemotherapy. Owing to high chemoresistance novel treatment paradigms are warranted.

2022-RA-1256-ESGO FIRST EXPERIENCES OF IMPLEMENTING 'ENHANCED RECOVERY AFTER SURGERY' (ERAS) AT TWO GERMAN ESGO CENTERS OF EXCELLENCE – KORE-INNOVATION: THE FIRST PROSPECTIVE CLINICAL TRIAL TO ASSESS A PERIOPERATIVE PATHWAY TO REDUCE POSTOPERATIVE COMPLICATIONS IN OVARIAN CANCER PATIENTS

[1]Melisa Guelhan Inci-Turan, [2]Stephanie Schneider, [2]Eva Schnura, [1]Marlene Lee, [1]Marcus Lauseker, [1]Julia Klews, [1]Renée Lohrmann, [3]Angelika Baack, [4]Fabian Meinert, [5]Lena Zwanzleitner, [6]Stephanie Roll, [6]Thomas Reinhold, [2]Philipp Harter, [1]Jalid Sehouli. *[1]Department of Gynecology, Charité Universitaetsmedizin Berlin, Berlin, Germany; [2]Department of Gynecology and Gynecological Oncology, Evangelische Kliniken Essen Mitte, Essen, Germany; [3]Department of Physical Medicine and Rehabilitation, Charité Universitätsmedizin Berlin, Berlin, Germany; [4]Institute for Clinical Pharmacology and Toxicology, Charité Universitätsmedizin Berlin, Berlin, Germany; [5]Techniker Krankenkasse, Hamburg, Germany; [6]Institute for Social Medicine, Epidemiology and Health Economics, Charité Universitätsmedizin Berlin, Berlin, Germany*

10.1136/ijgc-2022-ESGO.670

Introduction/Background The perioperative ERAS pathway has been established in many surgical fields and has shown to improved health care quality and costs. We report our first experiences implementing the ERAS pathway as part of the KORE INNOVATION trial in patients with ovarian cancer.

Methodology KORE INNOVATION is an ongoing clinical trial to assess the effects of an innovative perioperative care pathway to reduce complications for patients undergoing surgery for ovarian cancer by implementing a prehabilitation strategy combined with an ERAS pathway. The trial is conducted at two study sites in Germany, both ESGO centers of excellence for ovarian cancer surgery: Charité Universitätsmedizin Berlin and Evangelische Kliniken Essen Mitte. ERAS guidelines were adapted for the clinical settings, and multiple training sessions for all staff were conducted. An interdisciplinary 'KORE-team' consisting of physicians, nurses, nutritionists, and physiotherapists was established to aid implementation, monitor staff adherence, follow the patients throughout the entire care process, and function as interface managers. We report our first experiences with the staff's adherence to ERAS items at both study sites.

Results The following ERAS items showed good adherence: omission of bowel preparation, carboloading, disinfection using chlorhexidine, use of opioid-sparing anesthesia and epidurals, early postoperative mobilization, and feeding. In contrast, the following items showed decreased adherence: omission of preoperative sedatives, omission of drains, goal-oriented fluid management during the postoperative phase, and the omission of postoperative antibiotic treatment. Adherence increased through monitoring through daily rounds and active staff engagement administered by the KORE team.

Conclusion Continuous training and adherence monitoring are by multi professional and interdisciplinary KORE team are key factors for the successful implementation of the ERAS pathway.

Int J Gynecol Cancer: first published as 10.1136/ijgc-2022-ESGO.670 on 20 October 2022. Downloaded from http://ijgc.bmj.com/ on August 2, 2024 by guest. Protected by copyright.