Conclusion Introducing the prehabilitation program reduces duration of hospital stay with no major influence on pre and postoperative complications. LUNA and 6MWT (VO2max) may serve as indicator for compliance with physical prehabilitation in ovarian cancer patients.

Abstract 2022-RA-762-ESGO Figure 1

Introduction/Background India has 17% of world’s cervical cancer incidence and transition to image guided high dose rate brachytherapy (IGBT) is crucial to improve outcomes. Institutional level activity based costing (ABC) and national impact analysis of transition was undertaken.

Methodology ABC was conducted in a high-volume centre that triaged patients for BT to (A) two dimensional (2D) or (B) 3D- point A BT or CT/MR based intracavitary (IC) or D) CT/MR-Interstitial (IS) IGABT. Clinical process mapping (implant and imaging time, delineation, treatment planning, delivery and removal) for workflows A-D was performed. Case scenarios for transition from workflow A to D was constructed at an institutional and national level based on incidence and infrastructure in states and Union Territories (UT) of India. Treatment capacity loss and potential strategies for workflow reorganisation were proposed.

Results Based on process mapping in 81 consecutive patients, the total time was 176 minutes (57–208) and 223 minutes (74–260) for 2D and 3D point A, 267 minutes for (101–302) and 348 minutes (232–383) for 3D-IC and 3D IC-IS-IGBT.