

Transition from workflow A to D could lead to 64% reduction in capacity and reduce throughput to 1/3rd. Solutions to increase treatment capacity: i.e 10 or 12 hour overlapping shifts increased capacity by 25% and 50%, whereas performing 1 implant and delivering 2 fractions lead to 100% increase. These simulations were extrapolated to national scenario. Based on these simulations 23 states and UT will be able to transition to IGABT whereas 4 states will not meet treatment capacity. (Figure 1A-C). Additional 8 states/UT have no BT access. Further financial investment is needed in these 12 states/UT.

Conclusion Capacity upscale should be considered for IGBT implementation to prevent treatment delays. Further financial investment is needed at national level. The data is subject to infrastructure and skilled personnel to deliver IGBT.

2022-RA-876-ESGO **HYSTERECTOMY, PELVIC OR PARAAORTIC LYMPHADENECTOMY: RESULTS OF AN OUTPATIENT PATHWAY FOR SURGERY IN GYNECOLOGIC ONCOLOGY**

¹Adrien Boscher, ¹Houssein El Hajj, ²Ralph Saadeh, ³Emilie Bogart, ⁴Ali Hammoudi, ⁵Abesse Ahmeidi, ¹Mathilde Duchatelet, ¹Carlos Martinez-Gomez, ¹Delphine Hudry, ¹Fabrice Narducci. ¹Gynecologic surgery, Oscar Lambret Center, Lille, France; ²Gynecologic surgery, Arras Hospital Center, Arras, France; ³Biostatistics, Oscar Lambret Center, Lille, France; ⁴Digital Usage Office, Oscar Lambret Center, Lille, France; ⁵Anesthesiology, Oscar Lambret Center, Lille, France

10.1136/ijgc-2022-ESGO.986

Introduction/Background The development of outpatient surgery and ERAS protocols have led to apply it to more complex oncogynecologic procedures such as hysterectomy and lymph node staging. Such an attitude implies to ensure high success rates of same-day discharge, identify possible limits and aim to improve modifiable weaknesses. The objective of this study was to evaluate the success rate of an outpatient pathway that is routinely used in our center for hysterectomy, pelvic lymphadenectomy (PLND) and paraaortic lymphadenectomy (PALND).

Methodology This retrospective study included all consecutive patients scheduled in the outpatient unit of a Comprehensive Cancer Center for a surgery including at least simple hysterectomy, PLND or PALND. The success was defined by same-day discharge and no admission in the 30 days after surgery. Multivariate logistic regression was used to determine prognostic factors associated with success. Odds ratios (OR) with 95% confidence interval (CI95) were estimated.

Results From 2015 to 2020, 232 patients were included: 22 PLND (9%), 76 PALND (33%), and 134 hysterectomies (58%). All surgeries were performed by laparoscopy, except one vaginal hysterectomy. Robotic assistance was used in 70 (30%) cases. The global outpatient success rate was 77.6% with a same-day admission rate of 15.5% and a 30-day admission rate of 7.3%. In multivariate analysis, the following factors were significantly predictive of failure: ASA score at 3 (OR, 2.74; CI95, 1.05–7.16, $p=0.04$), end-of-surgery time after 2 pm (OR, 4.98; CI95, 2.03–12.3; $p<0.001$) and operative time of more than 90 minutes (OR, 7.23; CI95, 2.10–24.8; $p=0.002$).

Conclusion The success rate of an outpatient strategy for hysterectomy, PLND or PALND is high when a clear outpatient pathway has been established. Preoperative identification of

comorbidities, early surgery scheduling and optimization of the duration of surgery are key issues.

2022-RA-917-ESGO **LYMPHEDEMA IN GYNECOLOGICAL CANCER SURVIVOR; A NATIONWIDE COHORT STUDY**

Su Jeong Lee, Chan Joo Kim, Jin Hwi Kim. *Gynecologic oncology, Catholic University of Korea Uijeongbu St Mary's Hospital, Uijeongbu City, Gyeonggi-do, Korea, Republic of*

10.1136/ijgc-2022-ESGO.987

Introduction/Background Lower extremity lymphedema after gynecological cancer treatment is common complication and negatively affects the quality of life and function of patients. This study investigated the cumulative incidence and risk factors of lymphedema in patients with gynecological cancer, as well as utilization of health care resources for post-treatment lymphedema.

Methodology Using the Korean National Health Insurance Service (NHIS) database, we conducted a nationwide, retrospective cohort study of patients with cervical, endometrial, and ovarian cancer with cancer-direct treatment. The patients were categorized by age, region, income, and treatment modality. To analyze the incidence and risk factors of lymphedema, cox proportional hazards regression models were used. We also analyzed diagnostic and treatment claim codes to find out trend or costs of utilization of health care resources for lymphedema treatment.

Results A total of 93,218 patients with gynecological cancer were evaluated between January 2004 and December 2017. Among them, total 10,451(11.2%) developed lymphedema. Incidences of lymphedema were 11.4%, 13.1%, and 9.16% in cervical cancer, endometrial cancer and ovarian cancer respectively. Age and multimodal treatment are considered to be possible risk factors for lymphedema in patients with gynecological cancer ($p < 0.001$), while residence and income quartile were not associated with lymphedema in gynecologic cancer patients. The expands of health care resources for the treatment of lymphedema has increased over the years.

Conclusion Lymphedema is a common complication affecting women with gynecological cancer. This is the first population-based the first population-based study to identify risk factors for lymphedema in gynecological cancer patients. National healthcare costs for lymphedema treatment are increasing in Korean society. Health care providers should give attentions for high-risk lymphedema group during and after cancer-related treatment.

2022-RA-960-ESGO **WAIT TIME UNTIL SURGERY IN GYNECOLOGICAL ONCOLOGY: PATIENT PREFERENCE AND EXPERIENCE**

¹Kim van den Berg, ¹Anne Knegt, ²Michelle Ploum, ¹Guus Fons, ²Christianne Lok, ¹Annemijn Aarts. ¹Amsterdam UMC, Amsterdam, Netherlands; ²Netherlands Cancer Institute, Amsterdam, Netherlands

10.1136/ijgc-2022-ESGO.988

Introduction/Background Patient perspective on treatment and aftercare in gynecological oncology has been getting more attention. However, there are no studies on patient's experience of wait time before surgery, which is especially relevant