Results We included 3973 patients (52 countries; 7 world regions; 27% from low-and-middle-income countries).

Lower-than-reported rate (22/3778; 0.6%) of perioperative SARS-CoV-2 infections was observed. This group had higher morbidity (63.6% vs 19.1%; p<0.0001) and mortality (18.2% vs 0.7%; p<0.0001) rates, compared to the uninfected cohort.

In 20.7% (823/3973), standard of care was adjusted. Significant delay (>8 weeks) was observed in 11.2% (424/3784), particularly in those with ovarian cancer (213/1355; 15.7%). This delay was associated with the use of neoadjuvant chemotherapy (p<0.0001), a composite of adverse outcomes including disease progression and death (95/424; 22.4% versus 601/3360; 17.9%, p=0.024), compared to those who had operations within 8 weeks of their MDT decisions.

One in thirteen did not receive their planned operations (189/2430; 7.9%), in whom 1 in 20 (5/189; 2.7%) died and 1 in 5 (34/189; 18%) experienced disease progression or death within 3 months of MDT decisions for surgery

Conclusion One in five surgical patients with gynecological cancer worldwide experienced management modifications during the COVID-19 pandemic. Significant adverse outcomes were observed in those with delayed or cancelled operations. This global data on the magnitude of care changes and their consequences could be used to leverage resources for the ongoing mitigating strategies worldwide.

Abstract 2022-RA-1154-ESGO Figure 1

Conclusion Modern treatment of advanced ovarian cancer requires multidisciplinary medical therapy, a holistic patient-centered approach and close dialogue as a team in specialized hospitals. The present study demonstrates the diversity of physicians, medical staff and interdisciplinary teamwork that is implemented in the evaluation and treatment of a single patient and underlines the need for a structured multiprofessional communication algorithm.

Abstract 2022-RA-1189-ESGO

Introduction/Background Ovarian cancer is primarily diagnosed in advanced stages, and thus far, no sensitive screening is available. Therefore, in newly diagnosed patients, treatment and evaluation have become highly specialized, and an individually adapted approach should be made in each case by interdisciplinary cooperation. The present study aims to display the variety and extent of medical specialities and personnel resources involved in today’s therapy algorithm to efficiently treat patients with advanced ovarian cancer following a patient’s journey.

Methodology A patient diagnosed with ovarian carcinosarcoma FIGO IIIb was selected for a single case observational study. The period under observation (total=22d) compromised preliminary evaluation, outpatient imaging, the in-patient stay for cytoreductive surgery and ended with the postoperative case discussion at our interdisciplinary tumor conference. Data were obtained by self-reporting and by patient file review. As part of standard care, multidisciplinary evaluation and treatment were performed.

Results Patient-tracking demonstrated an interdisciplinary cooperation of 12 medical specialities (n=62 physicians; men n=39, 62.7%; women n=23, 37.3%), 8 different types of nursing staff (n=59; men n=13, 22%; women n=46, 78%) and 9 different types of peri-operative/administrative staff (n=23; men n=4, 17.4%; women n=19, 82.6%) with a total number of n=144 individuals. Interaction with the patient was furthermore divided into direct contacts (n=199; 76%) and indirect contacts (n=63; 24%), without face-to-face interaction, with a total number of n=262 patient-oriented contacts.
numbers of RS between December 2020 and April 2022 and COVID-19 infections (CI) amongst patients.

Results There was no delay in the simulation training. Wet lab training was delayed due to temporary center closure. The surgeon’s learning curve was slower at the beginning of the program. This was attributed to the lower influx of patients as a result of prioritization, lesser operative sessions, and delays in the mandatory training completion. 41 RS procedures were done in the first 8 month following a COVID-19 free pathway and were operated in an elective surgery hub with no visitors allowed. There were no cancellations due to CI during this period. Following the return to NHS hospital, 102 patients underwent RS in the subsequent 8 months. Preoperative isolation was gradually reduced then cancelled. One patient had a CI and was rescheduled accordingly.

Conclusion Covid pandemic has impacted the learning curve for RS with significant improvement noted after the gradual release of Covid related restrictions.

Introduction/Background In the last decades the rate of robotic-assisted gynecological surgeries has increased exponentially. The main reason for this increase is the less postoperative pain, the immediate patients’ mobilization, and the evidence-based safety of these procedures. However, the prolongation of robotic-assisted gynecological surgeries compared to the open or even the laparoscopic remains the biggest disadvantage. A recent publication of our team tried to stratify robotic-assisted surgeries’ duration using several preoperative patients’ parameters.

Methodology We retrospectively analyzed all the robotic-assisted gynecological surgeries that have been conducted in our institution from January 2020 until May 2021. Preoperative values such as BMI, size of the uterus, previous abdominal surgeries, prior vaginal deliveries, and cause of surgical procedure were evaluated and were used in order to create a predictive score of difficulty and duration of surgery.

Results Overall, 57 cases were included in our analysis. The mean value of ‘lavazzo score’ was calculated at 7.96, while median surgery time was 136 minutes. ‘lavazzo score’ was found to be statistically correlated with operative time. Moreover, a cut-off value of 7.5 for our predictive score was found to be indicative of surgical duration more than our median surgical duration.

Conclusion Our predictive score can be a useful tool for preoperative planning. An international multicenter trial is soon about to be launched in order to investigate the utility of our score and confirm our results on a larger scale.

Abstracts

10.1136/ijgc-2022-ESGO.993

Introduction/Background Patient empowerment is an essential, yet neglected resource of the patient’s health journey. Through a patient-centered approach, patients are encouraged to take on an active role in their health and recovery. We report our first experiences of the patient walk intervention as part of the patient empowerment module, which is embedded in the KORE-INNOVATION trial as a subpopulation analysis.

Methodology The KORE-INNOVATION trial is an ongoing clinical trial to assess an innovative perioperative care pathway to reduce complications for patients undergoing surgery for ovarian cancer. We implemented the patient walk intervention to encourage patients’ autonomy before surgery. Patients were given the option to walk to the operation room instead of being pushed in their bed as part of the standard patient care pathway. The only requirement for walking was to omit sedatives or anxiety being pushed in their bed as part of the standard patient care pathway. To evaluate patients’ and staff’s experiences, we administered a questionnaire between the 2nd-5th postoperative day.

Results Of the 63 patients offered to walk to the operating room, 48 participated. All patients reported that the experience was either better than expected or as expected; nobody reported that it was worse than expected. Patients reported that if given the choice would walk again. Patients also stated that they felt strengthened in their autonomy. Reasons for not walking were refusal to omit sedatives or anxiety before the operation. The main barriers from the staff’s perspective were logistical difficulties, which decreased over time.

Conclusion Providing patients with the option to walk to the operating theatre is a simple but effective method of increasing patients’ autonomy and engagement. Furthermore, it promotes the active patient role in their health and recovery. This easily implementable no-cost intervention should be routinely integrated in the context of ERAS protocols.

2022-RA-1258-ESGO

PATIENT WALK TO THE OPERATING THEATRE AS A NEW TOOL FOR PATIENT EMPOWERMENT – KORE-INNOVATION: THE FIRST PROSPECTIVE CLINICAL TRIAL TO ASSESS A PERIOPERATIVE PATHWAY TO REDUCE POSTOPERATIVE COMPLICATIONS IN OVARIAN CANCER PATIENTS

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Conclusion Our predictive score can be a useful tool for preoperative planning. An international multicenter trial is soon about to be launched in order to investigate the utility of our score and confirm our results on a larger scale.

2022-RA-1197-ESGO

‘IAVAZZO SCORE’, AN EFFORT TO PREOPERATIVELY PREDICT THE DURATION OF ROBOTIC ASSISTED GYNECOLOGICAL SURGERIES

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10.1136/ijgc-2022-ESGO.993