CLOUD-BASED WEB APPLICATION TO REDUCE DELAY IN CANCER TREATMENT

1Jack Le Bon, 2Kathryn Jones, 2Sadie Esme Fleur Jones. 1Cardiff University, Cardiff, UK; 2National Health Service, Cardiff, UK

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Introduction/Background Gynaecological oncology departments host sophisticated clinical pathways that help guide ovarian cancer patients through their individual therapy and tailored treatment plans. Departments within the UK’s National Health Service (NHS) have long endured using an in-house built spreadsheet to manage these complex ovarian cancer pathways. This ill-fitting system cannot effectively manage the intricate details nor enforce compliance with pathway policies; resulting in an unmanageable solution that impacts patients’ care and produces by causing a significant increase in initial treatment wait-time, with examples exceeding a 160% increase from target.

Methodology To begin countering this widespread issue, users were interviewed to gain a deeper understanding of the complex clinical pathways. These requirement-gathering sessions were later leveraged to design a secure, scalable, and purpose-built cloud-based web application to rectify this issue. The User Experience (UX) design process involved requirement elicitation to create several use-cases and wireframes, leading towards a high-fidelity prototype using Amazon Web Services (AWS).

Results The result of this project is a feature-rich prototype that automatically enforces pathway compliance, and provides real-time notifications and data insights, while promptly distributing patient communication. The product leverages several cloud services, maintaining a low-cost and high-availability architecture; and has subsequently been embraced as a catalyst and foundation of future work by NHS expert users.

Conclusion This implementation is set to guide and influence a software development company to create a production-ready product, aiming to reduce the wait times that ovarian cancer patients experience, while also reducing the administrative workload of clinicians; providing a greater ability to focus on the things that matter most.

QUALITY ASSESSMENT AS PART OF THE QUALITY ASSURANCE OF A REGIONAL GYNECOLOGICAL COMPREHENSIVE CANCER CARE NETWORK IN THE NETHERLANDS

1Cor D de Kroon, 2Natascha Walpot, 3Ria van Mierlo, 4Maaike Gijssen, 5Anne-Marie den Boer, 6Hans Gelderblom, 7Carina Hilder, 8Marjolein Kagie. 1Obstetrics and Gynaecology, Leiden University Medical Center, Leiden, Netherlands; 2RO West, Leiden, Netherlands; 3Qualicor Europe, Utrecht, Netherlands; 4IGN, Utrecht, Netherlands; 5UMC, Leiden, Netherlands; 6Reinier de Graaf Gasthuis, Delft, Netherlands; 7Haags Medisch Centrum, The Hague, Netherlands

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Introduction/Background Given the increasing complexity and the volume standards which have become standard practice, patients are more frequently treated in so-called cancer networks in which different hospitals collaborate intensively. However, instruments available for quality assurance are validated for individual hospitals. In the gynaecological cancer network established in our Regional Cancer Network (RO West which consists of 7 hospitals in the Leiden-The Hague area in the Netherlands) we aim to establish network-wide quality assurance and consequently adopt well-known instruments for usage in networks. In this abstract we report on the quality assessment of the cancer care pathway for ovarian cancer patients in our gynaecological cancer care network.

Methodology Indicators with regard to the quality of care in cancer networks were extracted from the national Clinical Cancer Care Network Guidance Book and the national SONCOS standards for oncology and aligned with global Qmement standards. 5 different fields were covered by 32 standards (organisation/
governance, patient care, research, quality assurance, research and sharing knowledge). Moreover 26 ovarian cancer specific and relevant key pathway and care outcomes indicators were defined. A day was set to visit all 7 hospitals for interviews regarding the indicators with all stakeholders, including patients.

Results All 7 hospitals were visited and relevant stakeholders were interviewed. Network specific indicators were all met, each hospital did not meet different hospital specific indicators, the Dutch Cancer registry was used to get hold of the outcome and pathway indicators and revealed minor differences between the hospitals. Improvement points and action plans were written.

Conclusion Network wide quality assessments, using qualitative and quantitative indicators are feasible and valid as part of the quality assurance program of cancer networks and regional cancer care pathways. Future assessments will be necessary to evaluate to which extend current governance allows alterations for improvement in individual hospitals.

Introduction/Background Phyllode tumors of the breast are fibroepithelial tumors similar to fibroadenomas but with a predominant conjunctive tissue component. These are composed of a connective tissue stroma and epithelial elements. They are rare with an incidence of 0.3–0.9% of all breast neoplasms. The present study demonstrates the recent experiences in diagnosis, therapeutic management and clinical follow-up of this disease.

Methodology This is a retrospective study conducted at the obstetrics and gynecology department I at CHU Hassan II in Fes between May 2009 and May 2013, on patients with histologically certified breast phyllodes tumors.

Results The patients evaluated were women with an average age of onset of 34.17 years. The mode of revelation was clinical by the discovery of a nodule in 88.24% of cases, mastodynia in one case, breast deformation in one case. The clinical symptoms were: pain in 57.65% (10.33 cases), bleeding in 7.88% (1.58 cases), size increase in 84.66% (16.46 cases), dominant conjunctive tissue component. These are composed of 1.4 years (1 year–2 years). No cases of metastasis or deaths were in complete clinical remission. After follow-up, 3 patients were in complete clinical remission. Improvement points and action plans were written.

Conclusion Network wide quality assessments, using qualitative and quantitative indicators are feasible and valid as part of the quality assurance program of cancer networks and regional cancer care pathways. Future assessments will be necessary to evaluate to which extend current governance allows alterations for improvement in individual hospitals.

Abstract 2022-RA-1432-ESGO Table 1. Count analysis before and after the implementation of the ERAS protocol at CHUM

<table>
<thead>
<tr>
<th></th>
<th>Before ERAS</th>
<th>After ERAS</th>
<th>Difference</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of stay</td>
<td>3.9 days</td>
<td>3.2 days</td>
<td>-0.7 days</td>
<td>0.003</td>
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<tr>
<td>Re-admission rate</td>
<td>4.7%</td>
<td>4.7%</td>
<td>0%</td>
<td>0.012</td>
</tr>
<tr>
<td>Cost of main episode</td>
<td>€3,711.05</td>
<td>€3,231.51</td>
<td>-479.54</td>
<td>0.017</td>
</tr>
<tr>
<td>Cost of 30-day re-admission episode</td>
<td>€2,540.07</td>
<td>€2,104.07</td>
<td>-435.93</td>
<td>0.012</td>
</tr>
</tbody>
</table>

Conclusion Implementation of ERAS protocol for gynecological oncological surgery significantly decreased costs.