

2022-RA-1571-ESGO 'MIRROR CONVERSATION' AS PART OF THE QUALITY ASSURANCE OF A REGIONAL GYNAECOLOGICAL COMPREHENSIVE CANCER CARE NETWORK IN THE NETHERLANDS

¹Cor D de Kroon, ²Caroline Grimbergen, ²Caroline de Vogel, ³Natascha Walpot, ³Anne-Marie den Boer, ³Tapasya Vreeken – van Tol, ²Hans Gelderblom, ⁴Carina Hilders, ⁵Marjolein Kagie. ¹Obstetrics and Gynaecology, LUMC, Leiden, Netherlands; ²LUMC, Leiden, Netherlands; ³RO West, Leiden, Netherlands; ⁴Reinier de Graaf Gasthuis, Delft, Netherlands; ⁵Haags Medisch Centrum, The Hague, Netherlands

10.1136/ijgc-2022-ESGO.1002

Introduction/Background Given the increasing complexity and the volume standards which have become standard practise, patients are more frequently treated in 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 network wide 'mirror conversations' in order to include the patient perspective in our quality assurance.

Methodology In a 'mirror conversation' a group of patients who underwent the same treatment is interviewed in order to 'mirror' their experience with healthcare workers. The conversation is led by independent interviewers, the healthcare workers are listening and not allowed to intervene. A mirror conversation was organised to get informed about experiences of patients which underwent cytoreductive surgery combined with HIPEC following neo-adjuvant chemotherapy for high stage ovarian cancer. Chemotherapy is administered in all 7 hospitals but patients are referred for HIPEC to 1 of the hospitals.

Results Patients from all 7 hospitals attended the mirror conversation led by 2 experienced interviewers. 45 health care workers (of 68 invited) attended. All patients were able to share their experience and points for improvement. Some were individual (e.g. miscommunication), others were shared (e.g. the value of case-managers) and some surprising to the medical team (e.g. preference for less visits combined on one day). Both patients and healthcare workers considered the conversation effective and valuable.

Conclusion Mirror conversations are considered valuable by both patients and health care workers, allow to include the patient perspective in quality assurance in cancer networks and result in valuable issues for improvement.

2022-RA-1604-ESGO EFFICIENCY OF SIMULATION PROGRAM FOR OB/GYN RESIDENTS USING SELF-TRAINING AND SUPERVISED SESSIONS: A QUANTITATIVE STUDY

¹Othman Aissaoui, ²Cyrielle Titaux, ³Victoire Delporte, ³Yohan Kerbage, ³Chrystele Rubod, ⁴Delphine Hudry. ¹Obstetrics and Gynecology, Centre Hospitalier Régional Universitaire de Lille, Lille, France; ²Centre Hospitalier de Valenciennes, Valenciennes, France; ³Department of Gynecologic Surgery, Centre Hospitalier Régional Universitaire de Lille, Lille, France; ⁴Department of Oncologic Gynecology, Centre Oscar Lambret, Lille, France

10.1136/ijgc-2022-ESGO.1003

Introduction/Background The objective of this study was to evaluate the progress of OB/GYN residents on surgical exercises on simulating laparoscopic surgery, and satisfaction with this program.

Methodology A prospective study evaluating the technical level of OB/GYN residents on box-trainer. Two groups were formed: a 'beginner' group, in their 2nd year of residency and an 'advanced' group corresponding to residents in their 4th year. Twice a year, each student is evaluated and timed on the completion of 4 exercises during a supervised session. The material was left at the students' disposal for self-learning practice on a voluntary basis. The variables retained were the time required to validate the exercise, and the completeness of the achievement. Student satisfaction and interest were then assessed by following an anonymous online questionnaire.

Results Between November 2019 and March 2021, 25 students were enrolled in the study. 69% in beginner group and 50% in advanced group completed at least one self-training session between the two evaluations. For the two groups, there was a significant improvement in the time taken to complete the exercises between the last and the first supervised session ($p < 0.005$ for all exercises). Students who had done more than one self-training session had improved their score, more importantly, but not significantly, compared to students without self-training sessions. The majority, 96%, was satisfied with the realism of the exercises on box-trainer. All of them were in favor of its introduction in their curriculum and 83% attest that these training sessions have improved their confidence during laparoscopic procedures.

Conclusion This study confirms the interest of laparoscopic training programs integrating simulation on the execution of surgical gestures. The residents are interested in a program combining self-training sessions with supervised sessions. Integrating all of these sessions into the OB/GYN residents' schedule is one of the future challenges.

2022-RA-1644-ESGO THE NEED FOR A UNIFIED APPROACH IN PATIENT ADVOCACY FOR GLOBAL WOMEN'S HEALTH: A PARSGO INITIATIVE

¹Sara Nasser, ²Joelle Aboukhalil, ³Esra Bilir, ^{2,4}Karim Loreti Hassan, ⁴Niki Katsara-Antonakea, ¹Jalid Sehouli. ¹Gynecological Oncology and Tumor Surgery, Charite Comprehensive Cancer Center, Berlin, Germany; ²Pan-Arabian Research Society for Gynecologic Oncology, Berlin, Germany; ³Global Health, Koc University Graduate School of Health Sciences, Istanbul, Turkey; ⁴Charite Comprehensive Cancer Center, Berlin, Germany

10.1136/ijgc-2022-ESGO.1004

Introduction/Background Patient advocacy groups (PAGs) play a vital role in serving as catalysts for empowerment within global women's healthcare. However, there is no unified patient advocacy network within the Middle-East and North - Africa region (MENA). This pilot study was performed as an initiative of the Pan-Arabian Research Society for Gynecological Oncology (PARSGO) to evaluate the visibility and accessibility of PAGs within the MENA-Region.

Methodology We conducted a search using online search engines and social media channels (SoMEC) in local languages. Specific women's health-related keywords were used in various combinations and systematically with each country from the MENA region. The search included all legally registered patient advocacy groups with a focus on women's cancers or

women with cancer based in, or associating with the MENA-countries. PAGs with a focus outside of women's cancers and individual influencers or patient advocates were excluded from the search.

Results A total of 10 documented legally-registered PAGs appeared in the search from nine countries. All these groups were easily accessible online. Only half (50%, 5/10) had an active homepage (activities not older than 3 months). All PAGs had at least one active SoMeC with recent activities not older than 2 weeks. More than half (60%, 6/10) had their homepage and SoMeCs in multiple languages. Within those groups none received their funding from membership fees, whereas most funding came from sponsorship and donations (100%, 10/10) and/or official government funding (70%, 7/10). Majority (90%, 9/10) had a clearly identifiable mission statement. Only half (50%, 5/10) had specified cooperation's with other advocacy groups within the region.

Conclusion Although, further surveys are required, our pilot study shows a lack of online visibility and accessibility to PAGs in the MENA region. As a PARSGO global community, we need to focus on providing a unified and transparent platform to increase accessibility and dialogue for local and regional patient advocacy groups.

2022-RA-1658-ESGO EPIDEMY AND WAR: LESSONS OF CANCER PATIENTS IN UKRAINE

Olena Postupalenko, Kateryna Kharchenko. *Department of minimally invasive surgery, Kyiv City Clinical Oncology Center, Kyiv, Ukraine*

10.1136/ijgc-2022-ESGO.1005

Introduction/Background Epidemic of Covid-19 and further war in Ukraine have brought a lot of difficulties for diagnosis and treatment cancer patients.

Methodology Analyze of experience of treatment oncogynaecology patients during Covid-19 epidemic and at the beginning of the war.

Results During Covid-19 epidemic there was a shift of social attention toward infection diseases, a lot of therapeutical and surgical departments were reorganized. Some category of patients postponed their visit to doctor because of fear to be infected in public places, others had a long period of isolation or disease. The beginning of full-scale war was more accidental, then epidemic, and had more prominent imprint on the lives of millions of Ukrainian people, among whom were cancer patients. Some of them moved to relatively more safe regions of Ukraine and continued treatment in other oncology clinic. Another moved as refugees abroad and continued treatment there. Anyway, all of them needed medical documentation, sometimes results of radiology and/or pathology examinations. It was not easy to retrieve all of that from clinic that stopped activity because of combat zone nearby, so the better situation was if all important information was pre-packed timely. The worse scenario was in the case of discontinuation or delayed start of treatment. It happens mostly because not all of them could be or not wanted to be evacuated for many reasons. It is observed a lack of information about relationship of Covid-19 epidemic and cancer biology, but the deleterious effect of war for cancer patients would be predictable.

Conclusion Oncologists are needed as well during epidemic or war. Patients should be informed about importance to

continue their treatment and to keep available all key medical documentation wherever they go. Maybe, it would be reasonable to create a kind standard document pack for oncology patients including its online available version.

2022-RA-1668-ESGO PATIENTS' PERSPECTIVES, FEARS AND WILLINGNESS TO TAKE PREVENTIVE MEASURES DURING SECOND LOCKDOWN OF COVID-19 PANDEMIC. A STUDY OF NCGO AND ENGAGE NETWORK

¹Desislava Dimitrova, ²Murat Gultekin, ³Petra Adámková, ⁴Ic6 T6th, ⁵Aleksandra Strojna, ⁶Kamil Zalewski, ⁷Birthe Lemley, ⁸Maria Papageorgiou, ⁹Zlatan Novak, ¹⁰Maren Keller, ¹Jalid Sehouli. ¹Department of Gynecology with Center for Oncological Surgery, Charité-University Hospital, Berlin, Germany; ²Faculty of Medicine, Department of Obstetrics and Gynecology, Division of Gynaecological Oncology, Hacettepe University, Ankara, Turkey; ³European Network of Gynaecological Cancer Advocacy Groups (ENGAGE), ENGAGE Co-Chair, Prague, Czech Republic; ⁴European Society of Gynaecological Oncology (ESGO), European Network of Gynaecological Cancers Advocacy Groups (ENGAGE) Executive Group, Prague, Czech Republic; ⁵Department of Gynecological Surgery and Gynecological Oncology of Adults and Adolescents, Pomeranian Medical University, Szczecin, Poland; ⁶Department of Gynecological Oncology, Hollycross Cancer Center, Kielce, Poland Department of Molecular and Translational Oncology, Maria Skłodowska-Curie National Research Institute of Oncology, Warsaw, Poland, Kielce, Poland; ⁷KIU – Patient Organisation for Women with Gynaecological Cancer, Copenhagen, Denmark; ⁸K.E.F.I. Cancer Society, Athene, Greece; ⁹Department of Gynecology, National Institute of Oncology, Budapest, Hungary; ¹⁰North-Eastern-German Society of Gynecological Oncology, Berlin, Germany

10.1136/ijgc-2022-ESGO.1006

Introduction/Background The COVID-19 pandemic is a major challenge to healthcare system worldwide. Since December 2020 the COVID -19 vaccine is approved and available. Jet the vaccination rate and the acceptance differs between European countries. Understanding patients' perspective and giving voice to their fears is of great importance to meet the new challenges in health care system.

Methodology We performed a survey among patients with gynecological cancer in 6 European countries between March and June 2021. The questionnaire included questions related to COVID-19 and exploring patients' attitude towards preventive measures and the HADS (Hospital Anxiety and Depression Scale) score. The survey was promoted by national advocacy groups and was carried out online or as hard – copy version.

Results We collected 567 forms from 6 European countries. The median age of the participants was 61.3 in Denmark, 49.8 in Greece, 56.8 in Hungary, 61.2 in Poland, 56.4 in Turkey and 51.8 in UK. For only a small number of patients a change in the therapy plan due to COVID-19-Pandemic was necessary: 11.8% in Denmark, 21.4% in Greece, 12.5% in Hungary, 14.7% in Poland, 26.1% in UK. For patients of different countries the fear of cancer was greater as the fear of COVID-19. At time of the survey 65.4% in Denmark, 66.1% in Greece, 63.5% in Hungary, 47.8% in Poland, 24.7% in Turkey and 52.2% in UK have been already vaccinated and most were willing to get a COVID-19 vaccine. The HADS Scores were borderline abnormal or abnormal and similar between different countries.

Conclusion Among gynecological cancer patients anxiety and fear of cancer progression was stronger than fear of COVID-19. Health care professionals should be aware of increased psychological burden due to COVID-19 pandemic and develop strategies to address this issue in patient care.