**ENHANCED RECOVERY AFTER SURGERY FOR GYNECOLOGIC ONCOLOGY PATIENTS UNDERGOING LAPAROTOMY DURING THE COVID-19 PANDEMIC**

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**Objectives** Enhanced recovery after surgery (ERAS) is an evidence-based surgical quality improvement program that has been shown to improve patient outcomes, while reducing overall resource costs. The aim of this study was to evaluate the impact of implementation of ERAS for gynecologic oncology patients undergoing laparotomy during the COVID-19 pandemic.

**Methods** We conducted a pre-post study that included women admitted for gynecological oncology abdominal surgery. Outcomes of interest included post-operative LOS, readmission, and return to ED within 30 days of discharge. Outcomes were compared for the pre (June 2019-June 2020) and post (July 2020-June 2021) intervention periods, using Chi-square for categorical variables and t-test for continuous variables.

**Results** A total of 364 patients were included, among whom 217 were admitted in the pre and 147 were admitted in post intervention period. It was observed that patients had higher BMI (p<0.01), higher ASA category (p=0.71), and higher Charlson comorbidity index (p=0.07) in the post compared with pre intervention period. There was a trend towards decreasing mean post-operative LOS from 104.1 to 91.4 hours (p=0.12). However, there was a slight non-significant increase in hospital readmission from 6.0% to 8.2% (p=0.42), with no notable differences in ED visits (13.8% to 12.9%, p=0.81).

**Conclusions** Despite the challenges associated with the COVID-19 pandemic, including delays in surgical care access and associated increase in patient morbidity, we were able to successfully implement ERAS as routine medical care for gynecologic oncology patients. Future directions include auditing compliance and in-depth cost analysis.

**REMOTE GYNECOLOGIC ONCOLOGY PERIOPERATIVE CARE THROUGH MOBILE APPLICATION: A PROSPECTIVE COHORT STUDY TO ASSESS FEASIBILITY AND PATIENT ENGAGEMENT**

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**Objectives** Mobile applications (apps) may increase patient-provider interactions in the perioperative setting and reduce preventable complications. We conducted a prospective cohort study to evaluate the feasibility and patient engagement for a comprehensive mobile app designed for remote gynecologic oncology perioperative care.

**Methods** We designed a mobile app for those undergoing minimally invasive hysterectomy at a tertiary cancer center. Patients had access to the app from their initial consultation up to 30 days after their surgery. The app sent out instructions in the pre- and post-operative setting, provided educational videos, sent out daily queries about postoperative symptoms, and allowed patients to initiate text messages or video calls during their recovery. All patients completed a survey at enrollment and at 30-day follow-up.

**Results** Of 37 patients who were approached, 24 (65%) participated and 17 (71%) have fully completed the pathway with 7 (29%) still in the process of completing their perioperative journey. The median age at enrolment was 65 (50–84). Participant engagement and compliance was high (75%), as measured by the response rate to the daily queries and completion of surveys. Of those who completed the survey, 100% would recommend the app to other patients, and found that the app improved their engagement with their care providers. All participants found that the educational components were helpful for their recovery at home. Overall, 91% were satisfied with the remote monitoring process and 91% felt empowered through use of the app.
Conclusions Mobile app in perioperative care of gynecology oncology patients is well accepted and feasible.

**EP194/#277  CLINICAL CHARACTERISTICS OF CORONAVIRUS INFECTION IN CANCER PATIENTS**

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Objectives Cancer patients are considered a very vulnerable group of the population to SARS-CoV-2 infection and the development of more severe COVID-19 symptoms, which may be due to a systemic immunosuppressive condition caused directly by tumor growth and indirectly by the effects of antitumor treatment. The aim of the study was to study the clinical, laboratory characteristics of coronavirus infection in patients with oncogynecological pathology.

Methods There were analyzed 60 cancer patients and 60 patients with benign lesions. The frequency of clinical, radiological and laboratory characteristics in both groups of patients was studied.

Results Similar clinical symptoms were revealed: fever (88.7% in non-cancerous and 78% in cancer patients), cough (67.8% and 76%, respectively), nausea and vomiting (5.1% and 5.7%), diarrhea (3.8% and 12.2%). Symptoms differed in shortness of breath (21.9% in non-oncological and 50% in cancer), and weakness (38.1% and 64.3%, respectively). Radiologically, the symptom of ‘frosted glass’ was determined in both groups (in 65% and 71%), heterogeneous consolidations (50% and 46%), bilateral involvement of the lungs (51% and 86%). In the laboratory, lymphopenia (82%), leukopenia (32%), increased CRP (82%), D-dimer (36%), hypoalbuminemia (89-98%) were detected with approximately the same frequency in both groups, but anemia was more pronounced in cancer patients (75%) versus 51%. And the increase in LDH and ESR was more characteristic of non-cancer patients than cancer patients (76% and 50% and 86% and 57%, respectively).

Conclusions The obtained results of the study allow us to develop adequate tactics during special treatment, in particular, performing surgical interventions for oncogynecological diseases.

**EP195/#447  CAREGIVER EXPERIENCE DURING THE COVID-19 PANDEMIC IN THE NETHERLANDS**

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Objectives We evaluated the experience of caregivers on the healthcare of gynaecological cancer patients during the first wave (March-June) of the COVID-19 pandemic in 2020 in the Netherlands.

Methods An online questionnaire was sent to gynaecologists, gynaecological oncologists, medical- and radiation oncologists throughout the Netherlands. The self-developed questionnaire consisted of questions about gynaecological cancer in general and endometrial, ovarian, cervical and vulvar cancer specifically.

Results Sixty-four (63%) physicians participated: 33 gynaecologists (52%), 13 gynaecological oncologists (20%), 7 medical oncologists (11%) and 11 radiation oncologists (17%). Fifty-nine percent of the respondents (35/59) reported a change in the way of contact with patients during the ‘diagnostic phase’: patients were more often contacted by telephone during the pandemic (80%, 28/35, e.g. first consult or discussing results). For ovarian cancer 17% (4/23) reported a change in type of surgery and 22% (11/49) in (neo)adjuvant treatment (e.g. delay, more cycles, referral). For endometrial 21% (12/56), cervical 26% (7/27) and vulvar cancer 32% (6/19) longer waiting times for surgery were reported (3% <1 week, 58% 1–3 weeks, 39% >3 weeks). Eighty-nine percent of the respondents (46/52) reported a change in follow-up: 91% (42/46) reported follow-up consultation by telephone or video, 63% (32/51) reported postponed follow-up appointments.

Conclusions The questionnaire showed that during the first wave of the COVID-19 pandemic, most caregivers experienced a different way of contact during the diagnostic and follow-up phase. Consultation by telephone could a good alternative in the follow-up phase, e.g. for low risk patients without symptoms, even after the pandemic.