Conclusions MBO in gynecologic cancer is associated with high readmission and mortality rates. Intervention type differed by HS in this population suggesting potential utility in gynecologic cancers.

E-poster viewing: Patient advocacy

**EP319/#1030**

**NOTHING ABOUT ME WITHOUT ME: HOW THE PATIENT VOICE HAS CHANGED HOW WE COMMUNICATE IN GYNAECOLOGICAL ONCOLOGY CLINICS IN IRELAND**

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Objectives Those who have lived experience of a disease treatment have a unique lens in recommending improvements to a service. It is well recognised that early use of patient and public involvement (PPI) ensures that research focuses on relevant issues. In Ireland, survivorship research is a huge area of growth and PPI is key to this.

Methods Participants with a diagnosis of gynecological cancer were sought from within the Irish Society of Gynaecological Oncology PPI group to guide survivorship research. They attended a 2-hour workshop which was recorded, transcribed and qualitatively analysed via an interpretive phenomenological approach (IPA). The concept of a diagnosis delivery card and diagnosis image to illustrate a patient’s diagnosis including stage, grade and extent of cancer Six months after implementation, feedback was sought from 5 clinicians using the resources as well as 20 patients who had been furnished with the card and image. Responses were again analysed via IPA.

Results 86% of patients found the images and the card extremely helpful. In particular, they felt that the visual aid and the card assisted them in explaining their diagnosis to family or friends who were not present at the consultation. However, 1 patient did find the image difficult to look at. The clinicians found the resources enhanced the consultation, aided understanding and made disclosing a cancer diagnosis easier.

Conclusions The positive findings of this Diagnosis Delivery project will allow the further roll out of this suite of resources nationally and internationally in collaboration with our partners.