DEVELOPING INFRASTRUCTURE FOR MOLECULAR PROFILING IN OVARIAN CANCER (DEMO)

1Elaine Leung*, 2Gabriel Furingana, 3Lisa Bird, 3Marie-Lyne Alcaraz, 3Joo Ern Ang, 4Christine Parkinson, 5Merche Jimenez-Linan, 6Sue Freeman, 7Catherine Spencer, 8Julie Winning, 9Raji Ganesh, 10Sarah Williams, 11Kai Ren Ong, 12Parveen Abedin, 13William Boyle, 7Sudha Sundar, 7Janos Balega, 2James Brenton, 1University of Birmingham, Institute of Cancer and Genomic Sciences, Birmingham, UK; 2University of Cambridge, Department of Oncology, Cambridge, UK; 3University of Birmingham, Library Services, Birmingham, UK; 4Addenbrooke’s Hospital, Cancer Services, Cambridge, UK; 5Addenbrooke’s Hospital, Pathology, Cambridge, UK; 6Addenbrooke’s Hospital, Radiology, Cambridge, UK; 7Pan-Birmingham Gynaecological Cancer Centre, Gynaecology, Birmingham, UK; 8University Hospitals Birmingham NHS Foundation Trust, Oncology, Birmingham, UK; 9Birmingham Women’s and Children’s NHS Foundation Trust, Pathology, Birmingham, UK; 10University Hospitals Birmingham NHS Foundation Trust, Clinical Genetics, Birmingham, UK; 11Birmingham Women’s and Children’s NHS Foundation Trust, Gynaecology, Birmingham, UK

Objectives Poor patient understanding and biopsy quality could both reduce the number of successful molecular tests performed after the diagnosis of ovarian cancer. DEMO is a multi-centre quality improvement study that aims to improve the uptake and success rates of tumoural and germline molecular testing in ovarian cancer. The two lead sites that have vastly different patient demographics. One in 7 (15%) women diagnosed in Birmingham are non-Caucasian with high number of patients requiring interpreters for their consultations, whilst patients diagnosed in Cambridge are mostly Caucasian and fluent in English.

Methods The three components of DEMO include 1) the establishment of a patient advisory group to co-produce a multimedia, multilingual patient information package to support informed decision making, 2) the use of improvement methodology to analyse existing diagnostic pathways and 3) the development of a multidisciplinary consensus guideline to improve the current biopsy pathways for molecular profiling.

Results The first retrospective audit (n=75; January-August 2021) demonstrated high tumoural (BRCA or Homologous Repair Deficiency) testing failure rates of 25% (3/12) and 35% (11/31) of samples from image-guided biopsies and post-chemotherapy resections, respectively. A prospective audit pathway has been agreed to inform future practice. In addition, the first patients advisory group discussion in June 2022 will provide a qualitative narrative on patients’ perceptions on molecular testing and explore how patients would like such complex information conveyed to support patient information package development.

Conclusions Supporting informed decision making for all and establish auditable pathways are crucial for the implementation of molecular profiling to improve ovarian cancer care.

QUALITY OF LIFE AS A PREDICTIVE FACTOR OF EARLY DEATH IN OLDER BRAZILIAN WOMEN WITH FEMALE TUMORS A COHORT STUDY PERSPECTIVE

1Jurema Lima*, 2Nathalia Ramalho, 3Vandre Carneiro, 4Candice Santos, 5Maria Julia De Mello, 6Ana Beatriz Melo, 7Maria Stella Trigueiro, 8Maria Alice Guerre, 9Letícia Sales, 10Andrea De Souza, 11Carla Araujo, 12IMIP/NEOH, Oncology, RECIFE, Brazil; 13IMIP/DOR, Gynecologic, RECIFE, Brazil; 14IMIP/DDP, Oncology, RECIFE, Brazil; 15IMIP/HCP/DOR, Surgical Oncology, Recife, Brazil; 16IMIP/DDP, Oncology, RECIFE, Brazil

Objectives Analyzing the baseline quality of life as a predictive factor for the occurrence of early death in older patients with breast cancer or gynecological tumors.

Methods PROSPECTIVE COHORT STUDY was carried out in women aged ≥ 60 years, diagnosed with BC or GC, admitted to the oncology service between 2015 and 2020. Socio-demographic description of the older cancer patients included; Determine baseline QoL (at diagnosis) using the EORTC QLQ C30; To compare the mean quality of life scores between patients who died or not within a six-month period.

Results Of the 405 patients, with a medium age of 71.64 years (± 7.84), 89 (22.0%) died. In the evaluation of the quality of life related to health evaluated by the EORTC QLQ-C30, the main predictive factors for death on the functional scales were emotional (62.73 ± 32.83) and physical (64.11 ± 28.77) capacities. As for symptoms, it was financial difficulties (48.81 ± 42.67) and loss of appetite (34.08 ± 37.93). The global quality of life scale had an average of 67.97 ± 28.25 among those who died.

Conclusions Quality of life related to health evaluated by the EORTC QLQ-C30 can be used as a predictor of death, as it was observed that worse physical and emotional function and the presence of symptoms such as financial difficulties and loss of appetite influence the overall survival of older patients with female cancer, and greater efforts should be made to improve these domains and better their quality of life, reducing mortality.