Developing Infrastructure for Molecular Profiling in Ovarian Cancer (DEMO)

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EP361/#717

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

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EP362/#803

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. Sociodemographic 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 (22.00%) died. In the evaluation of the quality of life related to health with 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.