Objectives Smartphone applications have been shown to positively impact patient experience. Our aim was to compare post-surgical care using conventional in-person follow-up with smartphone app assisted follow-up.

Methods Patients undergoing gynecologic-oncology (GO) or breast-reconstruction (BR) surgery were randomized into a parallel two-arm clinical trial comparing smartphone app-assisted follow-up (App) with conventional follow-up (Conv). Patients were managed according to Enhanced Recovery After Surgery protocols. Post-discharge, the App group utilized a surgeon-monitored smartphone app, in which patients recorded Quality of Recovery 15 (QoR15) scores, EORTC selected adverse events and surgical site photographs over six weeks. The Conv group were seen in-person at standard intervals. Patient satisfaction scores were assessed in both groups using Patient Satisfaction Questionnaire (PSQ)-III subscales at two and six weeks post-operatively, while the Conv group also completed the QoR15 questionnaire at these intervals.

Results Seventy-one patients (36 GO; 35 BR) were enrolled. Compared to Conv, the App group had significantly higher QoR15 scores post-operatively (two weeks: 127.58 vs 117.68, p=0.02; six weeks: 136.64 vs 129.76, p=0.03). Patients were equally satisfied between groups in all subsets of the PSQ-III, including overall care (two weeks: 23.18 vs 22.88, p=0.79; six weeks: 23.23 vs 24.94, p=0.10), communication with their surgeon (two weeks: 21.71 vs 21.74, p=0.78; six weeks: 21.43 vs 21.65, p=0.59) and access to care (two weeks: 43.75 vs 43.30, p=0.74; six weeks: 42.45 vs 44.62, p=0.16). Surgeons appreciated early complication identification with the app.

Conclusions Post-operative follow-up using app-assisted monitoring led to high satisfaction with care for patients and surgeons.

EP387/#661 PELVIC EXENTERATION IN GYNECOLOGIC CANCERS: A SINGLE CENTER STUDY FROM INDIA

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Objectives This study aimed to assess the perioperative and oncologic outcomes of pelvic exenteration (PE) for advanced, recurrent, or persistent gynecologic cancers in a contemporary cohort from a resource-limited setup.

Methods A review was conducted of patients excluding ovarian carcinoma who underwent PE over 10 years (2012–2021) at Tata Medical Center. Clinical information including baseline patient and disease characteristics, surgical details, and survival data were extracted from electronic medical records. Survival analysis was done using Kaplan-Meier and life-table methods.

Results Twenty-four patients (age 32–72) underwent PE with local recurrence (70.8%) as the most common indication. Ten patients (41.7%) had cervical cancer, while 29.2%, 20.8%, and 8.3% patients had uterine, vulval, and vaginal cancers respectively. Twelve patients (50%) underwent anterior exenteration, 9 (37.5%) total, and 3 (12.5%) posterior. Urinary diversion was required in 21 (87.5%) patients, colostomy in 12 (50%) patients, and reconstruction in 11 (45.8%) patients. The median estimated blood loss was 1000 mL (250–2700), and the median hospital stay was 16 days (7–44). Seventeen patients (70.8%) had infectious complications, and urinary tract (58.3%) was the most frequent focus. Clavien-Dindo grade ≥3 30-day complication rate was 20.8%, and the 30-day mortality rate was 4.2% (1 patient). Three-year locoregional control rate was 87% while the median overall survival (OS) was 33.9 months (95% CI 9.7–58.1). The estimated 5-year OS rate was 35%. No factor had a significant association with survival.

Conclusions Exenteration for gynecologic cancers had acceptable early morbidity and mortality, albeit a high postoperative infection rate. Survival was comparable to prior studies.

EP388/#630 CREATING A MULTIDISCIPLINARY PROTOCOL FOR THE ADMINISTRATION OF HYPERTERMIC INTRAPERITONEAL CHEMOTHERAPY WITH CISPLATIN: A SINGLE-INSTITUTION EXPERIENCE

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Objectives Hyperthermic intraperitoneal chemotherapy (HIPEC) with cisplatin at time of interval cytoreductive surgery (iCS) has shown to improve oncologic outcomes in patients with advanced-stage epithelial ovarian cancer (EOC). We report initial outcomes of a multidisciplinary protocol for perioperative management of patients receiving HIPEC.

Methods An institutional protocol was created with medical oncology, surgical, anesthesia, nursing, and pharmacy teams. From 1/1/2020 – 5/1/2022, patients with pathology-confirmed, radiologic stage III EOC and an Eastern Cooperative Oncology Group (ECOG) performance status between 0–1 were deemed eligible for HIPEC at time of iCS. Patient demographics, clinicopathologic characteristics, and perioperative outcomes were prospectively collected. Descriptive analyses were performed.

Results Twenty consecutive patients were scheduled for HIPEC at iCS. The median age was 64 years (range, 39–76). Four patients did not receive HIPEC due to preoperative thrombocytopenia, cardiac comorbidities, hearing loss, or intraoperative decision to abort iCS secondary to extent of disease. Ten patients (63%) completed 3 cycles of neoadjuvant chemotherapy. Complete gross resection (CGR) was achieved in 69% (n=11) of cases. Bowel resections were performed in 10 patients (63%), and all anastomoses were performed prior to HIPEC administration without diverting ostomies. Two patients (12.5%) experienced serious adverse events: an abdominal infection requiring reoperation and an acute kidney injury requiring hemodialysis. There were no perioperative deaths. The median time to start postoperative chemotherapy was 33 days (range, 20–71).

Conclusions The risk of HIPEC is acceptable when administered using a standard protocol and multidisciplinary team approach. Renal protection protocols are necessary to decrease risk of nephrotoxicity and improve perioperative outcomes.