**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.

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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 thromboembolism, 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.