Abstract #340 Table 1

| Non-restrictive vs. Restrictive stoma policy use after colectomy anastomosis | Total | Non-restrictive group | Restrictive group | p  
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<tr>
<td>Period</td>
<td>January 2010 and June 2018 (9 months)</td>
<td>July 2016-February 2018 (5 months)</td>
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| Colostomy anastomosis: n (%) | 233 (42.7) | 119 (47.3) | -  
| Anastomotic Leak: n (%) | 14 (4.4) | 7 (5.1) | 4 (3.3) | 0.11**  
| Procedures per year | 19.4 | 16.6 | 24.8 | -  
| Management: n (%) | - | - | - | -  
| W&A | 89 (35) | 73 (35) | 12 (11) | < 0.0001**  
| OM | 27 (7) | 19 (11) | 8 (6) | -  
| GI | 14 (80) | 14 (80) | 9 (52) | -  
| W&S: Wait and See; GI: Diverting Ileostomy; GI: Ghost Ileostomy.  

Conclusion The implementation of a restrictive stoma policy based on the use of ghost ileostomy leads to a decrease in the use of diversion ileostomy without increasing the rate of anastomotic leakage.

Disclosures None

Abstract #369 BENEFIT OF PERITONEAL STAGING IN CLINICAL EARLY-STAGE MUCINOUS OVARIAN CARCINOMA: A DUTCH POPULATION-BASED COHORT STUDY COMPARING THE EXPANSILE AND INFILTRATIVE SUBTYPES

Introduction/Background Mucinous ovarian carcinomas (MOCs) are categorized into expansile and infiltrative subtypes with different characteristics and prognoses. Currently, patients with clinical early-stage MOC (both subtypes) undergo surgical staging. Peritoneal and lymph node metastases of expansile MOC are extremely rare, but whereas lymph node (LN) sampling is omitted, peritoneal staging is not, although its benefit is disputable. Therefore, this study aimed to assess the benefit of surgical staging in clinical early-stage MOC.

Methodology This population-based cohort study included all surgically treated patients diagnosed with MOC in the Netherlands between 2015 and 2020. Clinical and histopathological data were obtained from the Netherlands Cancer Registration and Dutch Pathology Registry. Patients were stratified by subtype and clinical stage. In case of ambiguity concerning the subtype, a dedicated gynaecological pathologist performed a review. Primary outcome was the presence of peritoneal metastases in clinical early-stage MOC. Secondary outcomes were the presence of other metastases/recurrences and overall survival (OS).

Results In total, 409 patients with MOC were identified: 62% had expansile, and 38% had infiltrative MOC (figure 1A). Patients with expansile MOC were younger (p=0.002), were more frequently diagnosed with a clinical early-stage and had lower final FIGO (2014) stage (both p<0.001). Upstaging based on peritoneal metastases occurred less frequently in clinical early-stage expansile compared to infiltrative MOC (0.8% vs 5.0%, p=0.007), upstaging based on LN metastases occurred in only one patient with infiltrative MOC (figure 1A). Recurrences occurred less frequently in clinical early-stage expansile compared to infiltrative MOC (5.3% vs 16.7%, p<0.001). OS was better in patients with clinical early-stage expansile MOC (p=0.005, figure 1B).

Conclusion These data show limited benefit for routinely performing peritoneal and LN staging procedures in patients with clinical early-stage expansile MOC. However, the incidence of metastases in infiltrative MOC is higher, supporting performing peritoneal (and LN) staging in this group.

Disclosures None.

Abstract #369 Figure 1  


Abstract #390 IMPLEMENTATION OF SCOTTISH NATIONAL OVARIAN CANCER QUALITY PERFORMANCE INDICATORS – THE PROCESS AND THE OUTCOMES

Introduction/Background Scottish Quality Performance Indicators (QPIs) aim to drive improvement for patients by enabling

Conclusion These data show limited benefit for routinely performing peritoneal and LN staging procedures in patients with clinical early-stage expansile MOC. However, the incidence of metastases in infiltrative MOC is higher, supporting performing peritoneal (and LN) staging in this group.

Disclosures None.

Abstract #402 IMPLEMENTATION OF SCOTTISH NATIONAL OVARIAN CANCER QUALITY PERFORMANCE INDICATORS – THE PROCESS AND THE OUTCOMES

Introduction/Background Scottish Quality Performance Indicators (QPIs) aim to drive improvement for patients by enabling