

era was defined from March 2018 to February 2020 for comparison. We compared the gynecologic cancer surgery count, the time lag from diagnosis to surgery, mode of surgery, hospital stays, postoperative pain score, and readmission rate due to unexpected reasons.

Results The number of cancer surgery was similar between the two groups (189 in pre-pandemic vs. 205 in post-pandemic), and the type of surgery and cancer was not significantly different. The time lag between diagnosis and surgery was not significantly different (16.37 vs 18.51 days, $p = 0.258$). Hospital stays were significantly shorter in the post-pandemic ERAS group (9.28 vs 7.10 days, $p = 0.004$). Pain score after 72 hours of surgery was lower in the post-pandemic ERAS group ($p = 0.010$), although pain score within 72 hours was similar. 11(5.8%) and 13(6.3%) patients require readmission within 30 days after discharge due to unexpected reasons, but there was no statistical difference ($p = 0.487$).

Conclusion .

Disclosures The implementation of ERAS effectively overcame the hospital bed shortage during the COVID-19 pandemic without compromising clinical outcomes.

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USING DATA MINING AND DATA VISION TO IMPROVE THE EFFICIENCY OF A CARE PATHWAY: AN EXAMPLE FOR ADVANCED ADNEXAL CANCERS

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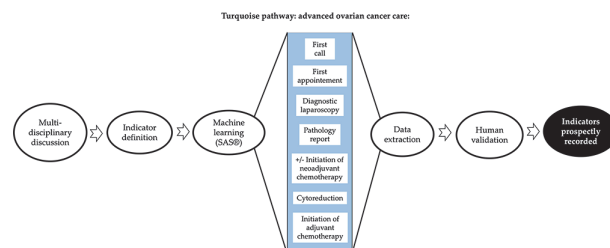
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Introduction/Background The purpose of a care pathway is to standardize or streamline the sequence of different therapeutic steps. In oncology, such an organization promotes more efficient management for patients. Adnexal carcinoma is most often diagnosed at an advanced stage and its management will require several steps: from diagnosis to excision surgery, to chemotherapy and maintenance treatment. In our hospital, we have developed a clinical pathway for patients with advanced adnexal cancer. With the help of 'educated' software, we were able to perform daily analyses of predefined indicators, and thus help us target the best quality of medical and surgical care.

Methodology A multidisciplinary team validated the key steps of the care pathway. Indicators were defined based on current European recommendations. The software was trained to automatically extract useful elements from the patient's electronic medical record. Medical and paramedical managers check the data on a regular basis. Indicators are updated daily and changes in practice are evaluated prospectively.

Results In total, until April 2023, 17 milestones have been progressively tested and defined, allowing for the analysis of 20 indicators. From January 2018 to March 2023, 497 patients were identified in the Turquoise pathway. The median

times of the pathway were 6 days (5.5–8) from first call to first medical appointment, 12 days (1–69) from first appointment to diagnostic procedure, 14 days (1–46) from histopathological result to start of primary chemotherapy if indicated. The organization of appointments and the management of peritoneal biopsies performed by laparoscopy were modified.



Abstract #442 Figure 1 Turquoise Pathway: advanced ovarian care

Conclusion The use of machine learning has allowed to build a care pathway for patients requiring the same therapeutic steps with indicators available in real time that help to organize the care as efficiently as possible. The introduction of machine learning could save caregivers time and thus promote direct patient interactions, allowing patient-focused care.

Disclosures None disclosures

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ESTABLISHING INTERSTITIAL NEEDLE BRACHY THERAPY PROGRAM IN GYNAECOLOGICAL MALIGNANCIES IN A NEW CANCER CENTRE IN OMAN

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Introduction/Background Interstitial Needle brachytherapy (INB) is a form of radiotherapy where radioactive sources (RS) are directly placed into or close to the tumor to deliver high doses of radiation. These are backed by several studies which have shown better disease control and overall survival when combined with External Beam Radiotherapy in Gynaecological Malignancies.

We are the first Centre in Oman to successfully start the INB program in gynaecological cancers. In this abstract, we highlighted the various challenges to the implementation of INB that can impact its utilization.

Methodology The challenges in setting up the INB program, were stratified into: Equipment, Expertise, Quality, Patient Compliance, and Importation of RS.

Results

Equipment INB requires purposed-built brachytherapy suite and specialized equipment, which involves support for maintenance. We managed this by having a pre-purchase clause with the vendor in which there would be a service-engineer available in the department as there are no service centers in region.

Expertise INB requires a learning curve. We dealt with this by asking the vendors for arranging visits and training to well-established Brachy-centres.