Quality Regular multi-disciplinary team meetings (MDTs) and internationally collaborated peer-reviews of each case to ensure high-quality delivery of treatment.

Patient compliance We overcame patient anxiety and misconceptions with educational sessions using videos, presentations, printed material, and access to the patient website portal.

Importation of RS: Regulatory services are not well established in developing countries, necessitating extra documentation and new policies and rules. Some associated government agencies are not aware of the concept of radioactivity. Logistical issues and custom clearances were a challenge and were the biggest hurdle we encountered.

Conclusion This abstract provides a glimpse of the challenges we faced establishing INB program; working with regulatory services, training our staff, having regular MDT and peer-reviews have helped us pass these hurdles.

Disclosures No Disclosure

#503 PROGNOSTIC NUTRITIONAL INDEX AS A PREOPERATIVE MARKER OF INFECTIOUS MORBIDITY IN GYNECOLOGIC ONCOLOGY PATIENTS


Introduction/Background Nutritional status is directly associated with the long-term prognosis of cancer patients as well as the perioperative outcome, including infectious morbidity. Prognostic nutritional index (PNI), a predictor of nutritional status, is considered to be an important prognostic indicator in cancer patients and this fact has been also observed in gynecological cancer as well.

Methodology We conducted a prospective observational study of gynecologic oncology patients undergoing surgical procedure between January 2019 and December 2021. Patient with extremely low body mass index (BMI) <18 kg/m2 were excluded. Multivariate predictive analysis for postoperative infectious diseases was performed using logistic regression, naïve Bayes, classification and regression trees, random forest and neural network analysis with the Python software. Parameters that were considered included patient age, body mass index (BMI), ECOG status, smoking, presence of systemic disease, use of enhanced recovery after surgery protocol, preoperative BMI, and neural network analysis with the Python software. Parameters that were considered included patient age, body mass index (BMI), ECOG status, smoking, presence of systemic disease, use of enhanced recovery after surgery protocol, preoperative BMI, and neural network analysis with the Python software.

Results Overall, 209 gynecological cancer patients were included in the present study. Of those, 43 women (20.6%) developed perioperative infections, including 16 patients with surgical site infection, 12 patients with urinary tract infections, 8 women with respiratory infections and 7 women with other causes. Preoperative PNI performed better than post-operative white blood cell count in detecting patients with postoperative infectious morbidity, however it was inferior to postoperative C-reactive protein (AUC .562, .375 and .723 respectively). Classification and regression tree and random forest analysis achieved an outstanding performance in detecting the risk of perioperative infectious morbidity (AUC .979 and .990 respectively). PNI ranked first in the information gain and Gini coefficient analysis.

Conclusion Concluding, PNI may be able to predict postoperative morbidity in gynecologic oncology patients undergoing surgical procedures; however, its use as a single factor in a multivariate analysis setting has moderate predictive accuracy and should be avoided.

Disclosures The authors report no conflicts of interest. The present study was not funded.

#525 TRENDS OF EARLY-DEATH IN GYNECOLOGIC MALIGNANCY: A POPULATION-BASED ANALYSIS

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Introduction/Background In cancer care, mortality event occurring soon after the diagnosis of malignancy (early-death) reflects an indicator for various patient, tumor, and treatment factors. The objective of this study was to assess temporal trends of early-death in gynecologic malignancy at population level in the United States.

Methodology This retrospective observational study queried the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program from 2000–2020. The study population was 461,321 patients with gynecologic malignancies (uterine [n=242,716], tubo-ovarian [n=119,995], cervical [n=68,771], vulvar [n=22,995], and vaginal [n=6,844] cancers) who had at least 2 months of follow-up after diagnosis. Outcome was early-death, defined as mortality event occurred within 2 months from cancer diagnosis. Linear segmented regression with log-transformation was used to assess temporal trends using one-year increments in each malignancy type.

Results Tubo-ovarian cancer had the highest rate of early-death (10.3%), followed by vaginal (5.5%), cervical (2.9%), uterine...