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

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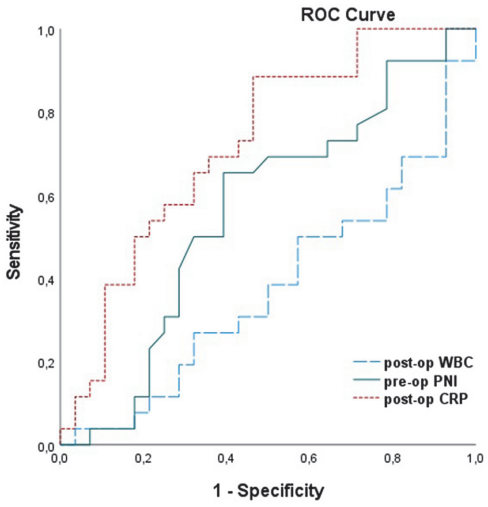
Introduction/Background Nutritional status is directly associated with the long-term prognosis of cancer patients as well as the perioperative outcome, including infectious morbidity. Prognostic nutritional index (PNI), a predictor of nutritional status, is considered to be an important prognostic indicator 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/cm2) 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 PNI and postoperative CRP.
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.



Abstract #503 Figure 1 Receiver operating characteristic curve of the diagnostic accuracy of preoperative PNI and postoperative CRP and WBC count.

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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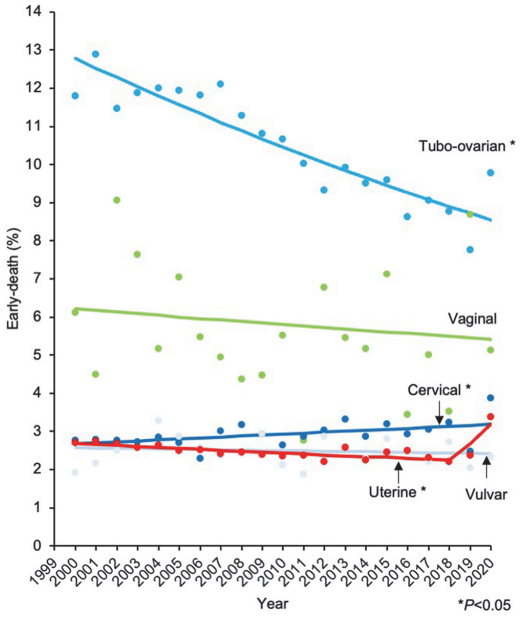
Introduction/Background In cancer care, mortality event occurring soon after the diagnosis of malignancy (early-death) reflects an indicator for various patient, tumor, and treatment factors. The objective of this study was to assess temporal trends of early-death in gynecologic malignancy at population 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 (10.5%), followed by vaginal (5.5%), cervical (2.9%), uterine

(2.5%), and vulvar (2.5%) cancers (P<0.001). For tubo-ovarian cancer, early-death rate decreased from 11.8% to 9.8% (annual percentage rate change [APC] -2.0, 95% confidence interval [CI] -2.4 to -1.6, P<0.001). For uterine cancer, early-death rate decreased from 2.7% to 2.2% between 2000–2018 (APC -1.0, 95%CI -1.4 to -0.5, P<0.001) but rapid increase occurred from 2.2% to 3.4% between 2018–2020 (APC 19.2, 95%CI 6.2–33.7, P=0.005). For cervical cancer, early-death rate continued to increase from 2.8% to 3.9% (APC 0.9, 95%CI 0.1–1.6, P=0.021). The early-death rates were unchanged in vulvar (P=0.587) and vaginal (P=0.518) cancers.



Abstract #525 Figure 1

Conclusion This population-based analysis in the United States suggested that while decreasing ovarian cancer patients had disproportionately higher rate of early-death after diagnosis compared to other gynecologic malignancies. (i) Persistent increase in early-death rate among cervical cancer patients over decades and (ii) recent rapid increase in early-death rate among uterine cancer are both concerning, warranting attention and further investigation.
Disclosures No disclosures

#539 ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS IN OBESE GYNECOLOGICAL ONCOLOGY PATIENTS. A SINGLE-CENTER EXPERIENCE

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Introduction/Background The aim of this study is to present our experience and to evaluate the safety and the outcomes of the implementation of Enhanced Recovery After Surgery (ERAS) protocols in obese patients who underwent surgery for suspected or confirmed gynecological malignancies.

Methodology From January 2020 to September 2021, 217 patients underwent laparotomy for a confirmed or suspected gynecological malignancy following a 19-element ERAS pathway. The patients were divided in two groups: Obese (Body Mass Index (BMI) ≥ 30 kg/m2, n=104) and non-obese (BMI<30, n=113). Both groups were treated with a 19-element ERAS protocol.
Results After dividing the 217 patients in two groups, significantly more comorbidities were observed in the obese group (diabetes mellitus 23% vs 8%, p=0.004; ASA score grade 3, 25.0% vs 6.2%, p<0.001),as well as higher rates of endometrial cancer (51.9% 17.7%, p<0.001) compared to the non-obese group. The overall ERAS compliance rates when matched element-by-element were similar. Postoperatively, complication rates of all grades were significantly higher in the obese group (46.1% vs 27.4%, p<0.001) without differences in the length of stay, readmission and reoperation rates.
Conclusion In this retrospective study, we showed that obese gynecological oncology patients can be safely managed with ERAS protocols perioperatively, while potentially minimizing the adverse outcomes in these otherwise high-risk patients.
Disclosures The authors have nothing to disclose.

#610 EXPERIENCE ON THE EVOLUTION AND OUTCOME DATA ON GERMLINE MUTATIONS TESTING FOR OVARIAN CANCER PATIENTS TREATED AT TATA MEDICAL CENTER, KOLKATA, INDIA

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Introduction/Background Ovarian cancer(OC) is a clinical presentation of hereditary breast ovarian cancer syndrome (HBOC), which is an inherited genetic condition with high life time risk of breast and OC. The germline mutation testing guided by histology of the ovarian cancer is found to have been superior in detecting critical HBOC mutations, compared to the conventional family history approach. The mainstreaming of the mutation testing is more practical in the era of fast growing application and availability of PARP inhibitors across the continents. Here we present our experience of germline mutation testing in OC patients in our clinic through these paradigm shift.
Methodology The monthly Family Clinic for Women's cancer was conducted by two oncologists, one each from the breast team and gynaecology teams, with psycho- oncology support and an outsourced genetic counsellor from 2015 onwards till March 2019. Indications for referral for women with ovarian cancer were listed and circulated among the departments. Results were collected prospectively in a Redcap database.

As PARP inhibitors were made available for use in our Centre, the gynaecological oncology and medical oncology team needed to counsel their own patients on a more regular basis for treatment purpose.
Results In 415 patients with ovarian cancer who underwent germline mutation testing from 2015 t0 2022 middle, the average age of testing was 52.7 years. 182 patients had normal results.

Pathogenic and likely pathogenic BRCA mutations was identified in 131 patients (31.6%), with BRCA 1 in 95 (