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 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% vs 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 No disclosures.
EXPERIENCE OF DEVELOPING A NATIONAL TRAINING CURRICULUM IN GYNAECOLOGICAL ONCOLOGY IN INDIA

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Introduction/Background Formal training in Gynaecological Oncology (GO) in India started in 2011 with only one candidate for the degree of MCh at Tata Memorial Hospital, Mumbai. A few other University affiliated hospitals also started MCh program in the following years. The number of trainees were grossly inadequate compared to the large demand for service. The training curriculums at the different institutions were also diverse. It was strongly felt that a national curriculum for this super-specialty training was necessary. This article explores how the national curriculum was developed and implemented for training in GO in India.

Methodology The author, a key member of the team of experts assigned to develop the national curriculum, while developing a GO service at a newly built cancer institute also developed a training program to meet the demand for a rapidly increasing service and initiate the creation of the next generation of gynaecological oncologists in India.

Results The department of GO at Tata Medical Center, Kolkata (TMCK) started with one consultant in May 2021. Two trainees were recruited through a formal selection process. The structured training program, including theoretical knowledge and practical skills training, was for three years and it was planned to recruit two trainees every year. The training program was remodelled periodically according to the service need at TMCK. The Indian National Board accepted the TMCK curriculum for 3-years post-doctoral course in GO in October 2018. The appraisal system of the TMCK curriculum was changed to an exit examination. The first batch of 6 trainees were recruited through a formal selection process. The appraisal system of the TMCK curriculum was changed to an exit examination. The first batch of 6 trainees were recruited through a formal selection process. The appraisal system of the TMCK curriculum was changed to an exit examination. The first batch of 6 trainees were recruited through a formal selection process.

Conclusion The mainstreaming of counselling accelerated the testing in patients, but its effective use in treatment can only be possible through affordable pricing of the drug.

Disclosures NO conflict of interest

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REGIONAL IMPLEMENTATION OF MISMATCH REPAIR DEFICIENCY (MMR) SCREENING MODEL FOR LYNCH SYNDROME IN ENDOMETRIAL CANCER PATIENTS

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Introduction/Background Mismatch Repair (MMR) testing for endometrial cancer (EC) patients was recommended by the National Institute for Health and Care Excellence (NICE) October 2020 guidance as a screening tool for Lynch syndrome (LS). The North-East of England regional cancer care alliance implemented this guidance in aims to identify EC patients with suspected LS. This project evaluated the efficacy of MMR screening model via immunohistochemistry (IHC) testing for the MMR markers: MLH1, PMS2, MSH2, and MSH6 by reviewing our experience of implementing this MMR testing for LS screening in EC care.

Methodology Retrospective analysis of all newly diagnosed EC patients referred for Multi-Disciplinary Team review from six NHS trusts in the North-East of England and North Cumbria was performed, and we assessed the status and outcome of MMR testing in this cohort.

Results The status and outcome of MMR testing were collected and analysed in 202 patients, and it was shown that 97% (195) of the examined population had their MMR status reported. Approximately 73% of eligible patients for MMR testing were shown to be MMR-proficient and therefore did not require further testing. Using this screening model, at least 5% of the eligible EC patients were identified to be at risk for LS and needed referral to specialist clinical genetics service for germline testing.

Conclusion In the North-East of England region, MMR screening rate in EC remains over 95%, consistent with our pilot data from the screening project’s initial implementation period in 2021. The implementation of this screening model in the region has proven to be effective in identifying EC patients with suspected LS, supporting the importance of this screening model in EC care.

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