supportive health care provider. Autonomy in selecting options for treatment as per socio-economic status was also a facilitator in return visits. Prolonged waiting period for consultation and the perceived indifference of health care staff in a busy OPD were considered as barriers to information and care seeking. Almost all the participants preferred counselling sessions in the native language. Participants also reportedly preferred a female gynaecologic oncologist over a male gynaecologic oncologist when it came to surgical management of these malignancies.

Conclusion The success of gynaecological oncology services in a country comprising both preventive and therapeutic aspects depends on multiple cultural factors. The results of this study may be used to make gynae oncology care more patient centric in order to provide prompt and high quality care.

Disclosures The authors have no potential conflict of interest to declare

#748 EVOLUTION OF DEBULKING SURGERIES FOR ADVANCED-STAGE OVARIAN CANCER IN AN ESGO-ACCREDITED DEPARTMENT: A PARADIGM OF CHANGE

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10.1136/ijgc-2023-ESGO.859

Introduction/Background Debulking surgery for advanced-stage ovarian cancer is potentially the most challenging surgical procedure in the context of gynaecological oncological care. Such cases are continuously referred to specialized Units and ESGO accreditation may act attractively for patients and referring departments. Main objective of the present study is to report the evolution of debulking surgeries after the first ESGO accreditation of a Northern Greek Gynaecologic Oncology Unit at the end of 2020.

Methodology A prospective observational cohort was performed concerning patients treated with a diagnosis of advanced-stage ovarian cancer. Epidemiological, histopathological and surgical reports of all patients were prospectively recorded in a computerized database, based on the recommendations of ESGO for advanced-stage ovarian cancer surgery. The present study concerns patients treated between 2020–2022. Rate of optimal cytoreduction, primary and interval debulking surgery, histological subtype of patients as well as evolution of number of cases throughout study period were set in the center of our analysis.

Results There were overall 98 patients operated during study period, of which 28 in 2020, 33 in 2021 and 37 in 2022. Mean age of patients was 61.8 years. Overall complete cytoreduction rate was 79.5% (78/98 patients). This rate remained stable during the overall period (82.1% vs. 78.8% vs 78.4% respectively, P=NS). Primary debulking surgery rate was 68.4% (67/98 cases), the rate also remaining stable during the overall period (71.4%, 72.3% and 67.6% respectively, P=NS). Rates of complete cytoreduction were comparable between primary cytoreductive and interval debulking surgeries (79.7% vs. 79.3%, P=NS). The main histopathological diagnosis was high-grade serous carcinoma (66/98 cases, 67.3%). Finally, there was observed an overall 32.4% increase of treated cases between 2020 and 2022.

Conclusion ESGO accreditation for individual fellowship lead to significant increase of advanced-stage ovarian cancer patients treated in our Department, with a relative maintenance and upgrade of provided services level.

Disclosures Authors have nothing to disclose

#818 GENETIC IMPLICATIONS OF A COMPREHENSIVE CANCER GENOME PROFILING PROGRAMME IN A MONOINSTITUTIONAL STUDY: FOCUS ON GYNECOLOGICAL CANCERS

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10.1136/ijgc-2023-ESGO.860

Introduction/Background Comprehensive cancer genome profiling (CGP) evaluation is recommended at least in academic centres for the identification of actionable somatic mutations in a selected subgroup of cancers. Somatic variants could have a germline correlation. Here, we report the possible genetic implications of a CGP programme in ovarian (OC) and endometrial cancers (EC).

Methodology In this monocentric interventional prospective study (ID FPG500, IRB approval 3837), all cancer patients with indication for any molecular assessment were profiled through a CGP (523 genes, TSO500HT, Illumina). Each case was reviewed by a geneticist for the identification of suspected germline variants (both variants related to cancer susceptibility and other actionable genetic conditions). In this abstract, we report data regarding OC and EC.

Results From January 2022 to December 2022, 244 EC and 445 OC underwent CGP. 222 (32%) patients were referred to genetic counselling (25% of EC and 36% of OC) for suspected germline variants in 32 and 42 genes, respectively. As expected, for EC, the most common suspected germline variants were mismatch repair genes (MLH1, MSH2, MSH6; 19 variants). For OC, the majority of patients (61%) were referred to geneticist for BRCA1/2 germline evaluation. Data on germinal confirmation are available for 73/222 (33%). 30% and 64% of EC and OC somatic variants were confirmed being of germinal origin, respectively. Interestingly, 3/5 (60%) of EC and 10/36 (28%) of OC confirmed germline variants are in cancer predisposing genes other than Lynch syndrome (MUTYH, LZTR1, BRIP1) and BRCA1/2 genes (MLH1, MSH2, BRIP1, RAD51C, RAD51D, ATM, CHEK2, FANCC, ERCC2), respectively.

Conclusion Beside therapeutic and prognostic implications, CGP can identify variants related to hereditary cancer predisposition conditions allowing cascade prevention and identification of affected relatives. Moreover, a CGP could improve the