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#323 IFAST – EFFECTS OF INTERMITTENT FASTING DURING CHEMOTHERAPY ON FATIGUE, IMMUNOLOGICAL CHANGES AND PERIPHERAL CELL DAMAGE (A RANDOMIZED-CONTROLLED, MULTICENTER TRIAL)

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Introduction/Background First-evidence exists that fasting during chemotherapy (CHT) reduces peripheral blood immunosuppressive myeloid cells while increasing cytotoxic cells. Furthermore, it might protect healthy cells from damage and increase quality of life (QoL) during CHT. However, fasting periods of 60–90h are not feasible for many patients. We aim to assess the effects of short-term intermittent fasting on QoL, immunological changes and peripheral cell damage during CHT.

Methodology In this multicenter, randomized-controlled trial 110 female patients with breast/cervical/endometrial or ovarian cancer, planned to receive intravenous CHT are recruited. The intervention group will follow a 16:8h fasting regimen with a 24h fast on the day of CHT. The control group is encouraged to follow a healthy, mediterranean diet. Both groups will receive a dietary counselling session. Primary endpoint is the change in fatigue during 3 months of CHT. Secondary endpoints will assess the distribution of peripheral blood mononuclear cells collected at baseline, after 1 week, 7 weeks and 13 weeks of CHT and peripheral DNA cell damage (measured by yH2AX concentration) at week 0, 6 and 12 of CHT. Changes of the insulin-like growth factor 1 (IGF-1) are also measured over the course of the trial.

Results This is an ongoing trial. So far, 10 patients (2 with ovarian cancer, 8 with breast cancer) have been recruited for the study. Compliance with the intermittent fasting regiment is high.

Conclusion Intermittent fasting is a generally feasible dietary concept and has shown to reduce IGF-1 and fatigue in healthy patients, highlighting its great potential for patients receiving CHT. Should this trial be able to demonstrate reduced fatigue during CHT, or to protect healthy cells and promote the antitumor activity of the immune system, intermittent fasting could truly be a beneficial option for patients wanting to actively effect their oncological treatment and outcome.

Disclosures The authors declare no conflict of interest regarding this trial.

#331 G8 GERIATRIC SCREENING TOOL TO IDENTIFY FRAIL WOMEN WITH ENDOMETRIAL CANCER: FIRST INTERIM ANALYSIS OF THE FRAIL-B STUDY

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Introduction/Background Endometrial cancer (EC) is the most common malignancy of the female genital tract in developed countries and is normally treated by surgery. Frail EC patients should be identified preoperatively to reduce their risk of adverse surgical outcomes. These are the first results of a systematic, preoperative frailty screening of EC patients regarding perioperative complication rates.

Methodology All EC patients with a standardized surgical treatment, regardless of their actual cancer stage and previous treatments, were screened preoperatively with the G8 geriatric screening tool. If a patient was considered to be G8-frail, multiple geriatric assessment tools followed. The main outcome measures were the relationship between perioperative laboratory results, intraoperative surgical parameters and the incidence of immediate postoperative in-hospital complications with the preoperative frailty status.

Results 42 patients with EC were included at the University Medical Centre Mainz between May 2020 and April 2023. 23.8% (n=10) of the patients were classified as G8-frail. Mean age was 67.6 (± 7.9) years. The G8-frail cohort was slightly older (71 years; p=0.43). Polypharmacy (≥ 5 medication) was found more often in the G8-frail cohort (60 vs 18.8%; p=0.02). The G8-frail cohort showed a numerically but not statistically significant higher Clavien-Dindo-Score than the G8-non-frail cohort (grade ≤2 (70 vs. 87.5%), grade ≥3 (30 vs 12.6%); p=0.29). The G8-frail cohort seemed to have a longer mean hospital stay than the G8-non-frail cohort (27.9 (± 48.3) vs. 5.8 (±5.4) days; p=0.06). The surgical revision rate seemed to be comparable between these two cohorts. One patient in the G8-frail cohort died during the hospital stay.

Conclusion Our first interim-analysis implies that preoperative frailty assessment with the G8 geriatric screening tool for elderly patients with EC might be associated with more severe postoperative complications and a longer hospital stay. Further results will be expected in the near future.

Disclosures The authors have no conflicts of interest to declare that are relevant to the content of this article.