had significantly higher level of satisfaction with QoL. Moreover,the regression models show that 19.2% and 14.5% of variance in QoL could be explained by nurse' perceptions toward healing environment between the two wards, respectively.

Conclusion/Implications The Chinese version ASPECT was demonstrated to be suitable as a predicative toolkit for nurses' QoL in the targeted tertiary center.Future studies might examine its applicability to patients in corresponding wards.

EP211/#383 CURRENT PERCEPTIONS OF THE ROLE OF NURSES IN CANCER CLINICAL TRIALS

[1]Noriko Fujiwara*, [2]Izumi Kohara, [3]Shuko Tamaki, [3]Midori Yabuki, [4]Mayumi Yamamoto, [5]Hiroko Nakahama, [5]Chiemi Kojima, [6]Akiko Nosaki, [7]Shimon Tashiro, [8]Kenichi Yoshimura, [9]Keiichi Fujiwara. *[1]The University of Tokyo, Department of Palliative Medicine and Advanced Clinical Oncology Imsut Hospital of The Institute of Medical Science, Tokyo, Japan; [2]Jichi Medical University, School of Nursing, Tochigi, Japan; [3]Saitama Medical University International Medical Center, Department of Nursing, Saitama, Japan; [4]Jichi Medical University Hospital, Department of Nursing, Tochigi, Japan; [5]National Cancer Center Hospital, Department of Nursing, Tokyo, Japan; [6]Chiba University, Graduate School of Nursing, Chiba, Japan; [7]Tohoku University, Graduate School of Arts and Letters, Sendai, Japan; [8]Hiroshima University Hospital, Future Medical Center, Hiroshima, Japan; [9]Saitama Medical University International Medical Center, Department of Gynecologic Oncology, Saitama, Japan*

10.1136/ijgc-2023-IGCS.293

Introduction Clinical (bedside) nurses play a crucial role in supporting cancer patients in making decisions regarding clinical trials, but this role is currently not being fulfilled sufficiently. The purpose of this study was to clarify the current perceptions of clinical nurses regarding their role in cancer clinical trials.

Methods Nurses who participated in a study; 'Development of Learning Program to Nurses Supporting Patients' Decision Making in Cancer Clinical Trials' were surveyed using an originally developed questionnaire (Kohara.2023). Descriptive statistics of these responses were conducted using SPSS Statistics ver. 25.

Results The analysis included 101 nurses from two university hospitals in Japan, with a median clinical nursing experience was 12 years. 51% of the nurses worked for in-patient units. About half of the nurses reported experiencing the burden of communicating with patients in clinical trials, with the main reason being their inability to explain the trial properly due to insufficient understanding (36%). Furthermore, 90% of the nurses felt a lack of knowledge about clinical trials, and the fear of being able to provide proper answers to patient-nurse relationships (75%). Only 17% of nurses had the opportunity to be involved in caring for patients and making decisions regarding their participation in cancer clinical trials in the last three months.

Conclusion/Implications Clinical nurses play an important role in supporting patients' decision-making process about participating in cancer clinical trials. However, their limited knowledge and burdens might hinder their nursing care, which calls for educational programs to improve their practice in clinical research nursing.

EP212/#606 OCCUPATIONAL SAFETY AND THERAPEUTIC EFFECT OF PACLITAXEL ACCORDING TO TYPES OF FORMULATION AEROSOLIZED DURING ROTATIONAL INTRAPERITONEAL PRESSURIZED AEROSOL CHEMOTHERAPY FOR PERITONEAL METASTASIS

[1]Soo Jin Park*, [2]Wongeon Jung, [3]Sunwoo Park, [4]Wonhyoung Park, [2]Mijin Park, [2]Chungsik Yoon, [1]Hee Seung Kim. *[1]Seoul National University Hospital, Obstetrics and Gynecology, Seoul, Korea, Republic of; [2]Graduate School of Public Health, Seoul National University, Department of Environmental Health Sciences, Seoul, Korea, Republic of; [3]Gyeongsang National University, Department of Plant and Biomaterials Science, Jinju-si, Korea, Republic of; [4]College of Life Sciences and Biotechnology, Korea University, Department of Biotechnology, Seoul, Korea, Republic of*

10.1136/ijgc-2023-IGCS.294

Introduction To evaluate the occupation safety and effect of paclitaxel based on types of formulation aerosolized during rotational intraperitoneal aerosol chemotherapy (RIPAC) in pigs

Methods In terms of occupational safety, we first conducted RIPAC using paclitaxel twice over two days (n=2), and then performed RIPAC using paclitaxel (n=3) and polymeric nanoparticle micellar paclitaxel (PM-Pac, n=3) three consecutive times a day in eight pigs for estimating airborne and surface contamination. Moreover, we tried to make ten piglets with peritoneal metastasis (PM) using SNU-008 cells. We evaluated the pattern of PM by using the modified peritoneal cancer index (PCI) score five weeks after the first inoculation. After RIPAC only on piglets with successful PM, we compared the rate of tumor reduction between paclitaxel and PM-Pac used in RIPAC.

Results The airborne detection rate of paclitaxel was 75–100% despite no detection of PM-Pac during RIPAC. The number of airborne particles increased in the abdominal closure period during RIPAC using paclitaxel despite no increase in them during RIPAC using PM-PAC. Among surface wipe samples, the concentration above the limit of detection (LOD) was more common in paclitaxel than in PM-Pac (100% vs. 66.7% for laparoscopic instruments, P=0.03; 87% vs. 3.6% for healthcare personnel equipment). On the other hand, the modified PCI score increased after PM-Pac despite no change after paclitaxel for RIPAC in seven piglets with PM.

Conclusion/Implications PM-Pac may be safe occupationally for RIPAC, whereas it may not be effective in suppressing PM of ovarian cancer when compared with paclitaxel.

AS10. Oncologic care during and post-pandemic

EP216/#619 SAFETY OF COVID-19 VACCINATION IN GYNECOLOGIC CANCER PATIENTS AT KING CHULALONGKORN MEMORIAL HOSPITAL, THAILAND

Sasivimon Ratree*, Natacha Phoolcharoen, Somsook Santibenchakul. *Faculty of Medicine, Chulalongkorn University, Obstetrics and Gynecology, Bangkok, Thailand*

10.1136/ijgc-2023-IGCS.295

Introduction There are scarce data on the safety of the COVID-19 vaccines in Gynecologic cancer patients. This study evaluated the safety of COVID-19 vaccines among gynecologic cancer patients.

Methods A descriptive study was performed on gynecologic cancer patients who received at least one COVID-19 vaccine at King Chulalongkorn Memorial Hospital, Thailand, from January 2020 to August 2021. The evaluation was conducted via telephone interviews. Logistic regression was conducted to assess the association between demographics, clinical factors, cancer treatment status, and the occurrence of any grade adverse event. The number of COVID-19 infections of patients receiving at least two vaccine doses was studied.

Results Of 294 patients interviewed, the most common adverse effects were the grade 1–2 injection site reaction. One patient developed grade 3 fever and seizure ten days after the first dose of the AstraZeneca vaccine. Between the 2nd to 4th dose of the vaccination, most of the adverse events were the grade 1–2 injection site reaction. No severe allergic reactions or grade 4 adverse events were reported. The study found that patients under 60 had more adverse events than older patients (Adjusted odds ratio 1.99 [95% CI 1.08–3.71]; p=0.029). The treatment status did not affect the adverse events. Of 283 who received two doses, 27.6% were infected with COVID-19.

Conclusion/Implications COVID-19 vaccines are safe among gynecological cancer patients, both those receiving active anti-cancer therapy and those in surveillance. The younger patients frequently reported more adverse effects.

EP217/#745

COVID-19 EFFECTS ON OVARIAN CANCER DIAGNOSIS, TREATMENT PATTERNS, AND SURVIVAL

[1]Mihae Song*, [2]Rebecca Nelson. [1]*City of Hope, Gynecologic Oncology, Duarte, USA*; [2]*City of Hope, Computational and Quantitative Medicine, Duarte, USA*

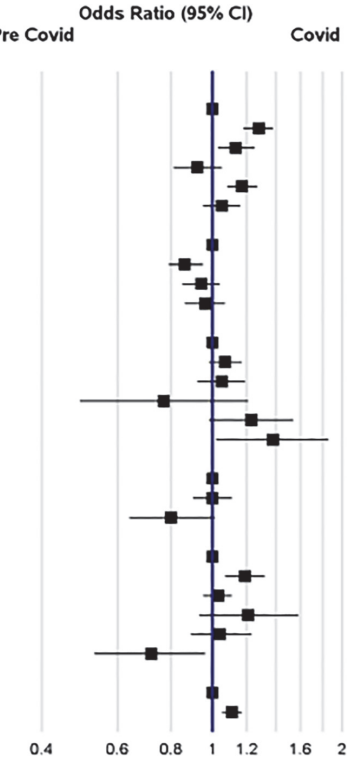
10.1136/ijgc-2023-IGCS.296

Introduction The impact COVID-19 had on cancer rates and outcomes will take years to fully assess. International studies have shown that non-emergency cancer surgeries were postponed in favor of neoadjuvant treatment. The impact the pandemic had on ovarian cancer patients has not yet been systematically examined in a US population-based cohort.

Methods Stage III and IV ovarian cancer patients were ascertained using the National Cancer Database (NCDB). Patients were stratified by timeperiod (2017–2018 v 2020) to assess whether treatment patterns differed across time periods.

Results 26,409 ovarian cancer patients were included, 18,585 diagnosed prior to 2019 and 7,824 in 2020. No differences were found in age at diagnosis, race, or ethnicity across timeperiods. On multivariable logistic regression, patients diagnosed during the COVID timeperiod were more likely to be on Medicare than private insurance (OR=1.19;CI=1.07–1.32) and were more likely to have stage IV disease than stage III disease (OR=1.11;CI=1.05–1.17). Multivariable results also showed that, compared to adjuvant treatment, neoadjuvant chemotherapy (OR=1.13;CI=1.03–1.25) or chemotherapy

Factor	N (%)	Odds Ratio (95% CI)	p-value	trend p-value*
TREATMENT				
Adjuvant	8,959 (33.9)	1.00 (reference)	-	
Chemo before and After	5,431 (20.6)	1.28 (1.18 - 1.38)	<.001	
NeoAdjuvant	2,584 (9.8)	1.13 (1.03 - 1.25)	0.01	
Surgery Only	1,453 (5.5)	0.92 (0.81 - 1.05)	0.22	
Chemo Only	4,732 (17.9)	1.17 (1.08 - 1.27)	<.001	
No Chemo or Surgery	3,250 (12.3)	1.05 (0.95 - 1.16)	0.31	
AGE GROUP				
18 - 50	3,473 (13.2)	1.00 (reference)	-	0.02
51 - 60	5,521 (20.9)	0.86 (0.79 - 0.95)	0.003	
61 - 70	7,894 (29.9)	0.94 (0.85 - 1.04)	0.21	
>70	9,521 (36.1)	0.96 (0.86 - 1.07)	0.47	
RACE				
White	22,016 (83.4)	1.00 (reference)	-	
Black	2,605 (9.9)	1.07 (0.98 - 1.17)	0.13	
Asian/API	1,109 (4.2)	1.05 (0.92 - 1.19)	0.51	
AI/AN	100 (0.4)	0.77 (0.49 - 1.21)	0.26	
Other	361 (1.4)	1.23 (0.98 - 1.54)	0.07	
Unknown	218 (0.8)	1.38 (1.02 - 1.86)	0.04	
HISPANIC				
non-Hispanic	23,983 (90.8)	1.00 (reference)	-	
Hispanic	1,983 (7.5)	1.00 (0.90 - 1.11)	0.99	
Unknown	443 (1.7)	0.80 (0.64 - 1.01)	0.06	
INSURANCE				
Private Insurance	9,609 (36.4)	1.00 (reference)	-	
Medicaid	2,019 (7.6)	1.19 (1.07 - 1.32)	0.001	
Medicare	13,478 (51.0)	1.03 (0.95 - 1.11)	0.47	
Other Government	262 (1.0)	1.21 (0.93 - 1.58)	0.16	
Not Insured	786 (3.0)	1.04 (0.89 - 1.23)	0.60	
Insurance Status Unknown	255 (1.0)	0.72 (0.53 - 0.96)	0.03	
STAGE II/III				
Stage III	14,316 (54.2)	1.00 (reference)	-	
Stage IV	12,093 (45.8)	1.11 (1.05 - 1.17)	<.001	



Abstract EP217/#745 Figure 1 Multivariate logistic regression examining odds ratio for COVID-era factors