AS17. Social inequities and impact on cancer outcomes

EP386/#538

PATIENT REPORTED OUTCOMES (PROS) VARY BY ETHNICITY AND PREFERRED LANGUAGE IN A DIVERSE GROUP OF GYNECOLOGIC CANCER SURVIVORS

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Introduction
Racial and ethnic disparities in PROs among gynecologic cancer survivors are not well studied. We evaluated whether individual-level characteristics were associated with PROs in diverse gynecologic cancer survivors.

Methods
Gynecologic cancer patients seen in an ambulatory oncology clinic completed a psychosocial and practical needs assessment prior their appointments through the electronic medical record (EMR) patient portal. Assessments were available in English and Spanish. Fatigue, pain interference, physical function, depression, anxiety, and health-related quality of life were assessed with Patient-Reported Outcomes Measurement Information System (PROMIS©) and FACT-G7 computer adaptive tests. Demographic and clinical information was collected from the EMR. Analyses were performed using Chi-square, Kruskal-Wallis, and linear regression with significance set at p<0.05.

Results
582 women completed the assessment; 20% (n=116) were racial minorities and 54.5% (n=310) were Hispanic. 192 (32.8%) completed the assessments in Spanish. There were no differences by race and all scores were poorer in patients who had recurred (all p>0.05). Older age and government insurance coverage were associated with lower physical functioning (p<0.001). Hispanics had lower mean fatigue scores compared to non-Hispanics (49.31 vs 51.74, p=0.01). Relative to patients whose preferred language was English, patients whose preferred language was Spanish had lower mean depression (47.63 vs 48.97, p=0.05) and fatigue scores (48.27 vs 51.27, p<0.01).

Conclusion/Implications
Patient demographics influence PROs among gynecologic oncology survivors, with Hispanic ethnicity and Spanish language preferences associated with lower reported symptoms of depression, anxiety, and fatigue. Further studies should examine potential mechanisms that may account for differences in reported PROs.

EP387/#852

GYNECOLOGICAL CANCERS IN SUB-SAHARAN AFRICA: MANAGEMENT OF CHORIOCARCINOMA

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Introduction
The incidence and mortality of cancer are predicted to rise in sub-Saharan Africa (SSA), with a projected increase in cancer deaths to approximately 1 million per year by 2030. We present the management of an aggressive choriocarcinoma with two main aims: first, to raise the awareness on gynecological cancers in SSA, as clinicians in this context seldom face this diagnosis; second, to highlight the need of expansion of cancer care facilities in these settings.

Methods
Our setting is Matany Hospital, Region of Karamoja, Northern Uganda. A 29-year-old woman presented with intractable vaginal bleeding, dyspnea, and low abdominal pain, ultimately diagnosed with choriocarcinoma after endometrial biopsy. Despite advice for immediate referral for chemotherapy at a cancer institute, the patient refused due to economic reasons and subsequently died from pulmonary embolism.
Results This presentation highlights the frustration associated with cancer management in rural settings in developing countries and emphasizes the need for expansion of cancer care facilities in these regions. Chorioncarcinoma is a curable disease; therefore it is unacceptable that a young woman could die today because she is not guaranteed access to cancer treatment.

Conclusion/Implications Universal health coverage is advocated to reduce out-of-pocket costs for essential cancer therapy and promote equitable access to screening, diagnosis, and management, ultimately reducing deaths from gynecological cancers in SSA. Paradigmatic shifts in governmental policies and engagement with traditional, complementary, and alternative medical practices are necessary to reduce missed diagnoses and late referrals. Tailored context-based guidelines for cost-effective cancer management algorithms are encouraged to be developed by interdepartmental working groups.

EP389/#731 FRAILTY AS A FACTOR IN SURGICAL DISPARITIES

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Introduction The objective of this study was to identify socioeconomic factors associated with frailty and impact on postoperative outcomes.

Methods Women undergoing ovarian cancer debulking from 2016–2020 in the National Inpatient Sample were identified. Frailty was defined by a Hospital Frailty Risk Score (HFRS) >5, a weighted index surveying >50 social and medical comorbidities. Mortality and postoperative complications were identified using ICD-10 codes from same admission and classified as medical, surgical or infectious. Social and clinical demographic data were collected. Pearson’s chi-squared test and logistic regression analysis were performed. Odds ratios with 95% confidence intervals were calculated.

Results Of 12,926 women undergoing debulking, 1,829 (14%) were frail. Frailty was associated with prolonged hospitalization (p<0.001) and >1 postoperative complication (p<0.001). In univariate analysis, frailty was associated with race/ethnicity, age, income and insurance status (p<0.01). In multivariate analysis, race/ethnicity were no longer associated with frailty (Black: 1.12; 95%CI 0.92–1.36; Hispanic: 0.99; 0.80–1.22) but low income (highest quartile income 0.76; 95%CI 0.7–0.9) and Medicaid as payor (1.3; 1.1–1.6) remained associated. Frail women were more likely to be treated in low ovarian cancer volume centers (high volume center 0.74; 0.64–0.85) and after controlling for frailty, treatment at a low ovarian cancer volume center was independently associated with postoperative complications (high volume treatment center 0.47; 0.41–0.53).

Conclusion/Implications Frailty was associated with adverse financial factors but not race/ethnicity. Frail women are more likely to be treated in low volume centers with independently higher rates of postoperative complications, indicating a disparity in access to care for this at-risk population.

AS18. Surgical techniques and perioperative management

EP390/#403 BASELINE COMPLIANCE WITH ENHANCED RECOVERY AFTER SURGERY (ERAS) IN GYNAECOLOGIC ONCOLOGY IN LOW MIDDLE INCOME COUNTRIES (LMIC), THE SOUTH AFRICAN EXPERIENCE

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Introduction Enhanced Recovery After Surgery (ERAS) has significantly reduced complication rates and hospital stay in high income countries. There is a lack of perioperative multi-disciplinary teams, adherence to care guidelines and robust outcomes data in low-and middle-income countries (LMIC). The aim of this prospective cross sectional study was to determine baseline outcomes data, and compliance with guidelines prior to implementation of ERAS in Gynaecologic Oncology at a tertiary hospital in South Africa.

Methods Verbal consent to collect data was obtained from 50 patients, 18 years, and older undergoing elective gynaecological oncology surgery. Anonymised data was entered into the EIAS database by the ERAS Care coordinator. Data was collected on socio-demographic and patient characteristics as well as compliance to the ERAS guidelines in the preoperative, intraoperative, and postoperative period. Outcomes data on length of stay, readmission rates and 30-day follow-up were measured. Ethical approval for this study was obtained from the University of Cape Town Health Research Ethics Committee (HREC ref 068/2022).

Results Among the 50 patients, the overall compliance with ERAS guidelines was 43.9%. ERAS compliance was 16.9% pre-admission; 78.1% pre-operative, 94.2% intra-operatively and 16.9% post-operatively. The average length of stay was 5 days, readmission rate was 4.3% and 30-day complication rate was 21.3%.

Conclusion/Implications Compliance with ERAS guidelines in gynaecologic oncology at our LMIC hospital remains low despite proven benefit of these interventions. This deficit is most pronounced in our pre-admission and post-operative periods. Formal implementation of ERAS will lead to improvement in patient outcomes in LMIC.

EP391/#83 EXPLORING NIPPLE SKIN SPARING MASTECTOMY WITH IMMEDIATE RECONSTRUCTION BY IMPLANTS FEASIBILITY WITH ASSISTANCE OF LAPAROSCOPIC SINGLE PORT-25 FIRST CASES REPORTS

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Introduction Movin forward from VNOTES technics in hysterectomy to a concept of No Scar in Breast Surgery and