Methods

An open, non-randomized, prospective, and longitudinal clinical trial was carried out. Female patients treated at the morning and evening Pelvis clinic service of the Jalisciense Institute of Cancerology were included, with suspicion or confirmation of a malignant pelvic tumor, and were taken to a surgical procedure, in the period from November 1, 2017, to November 31, 2017. December 2018.

Results

41 patients, two groups, VI (n = 23) and those with a TI (n = 18). The results of surgical exposure, resectability, surgical time, morbidity, pain, and a questionnaire to assess patient satisfaction according to the aesthetic appearance of the incision made were compared. Patients with (VI) were older (p=0.000), weighed more (p= 0.011), and had a higher BMI (p= 0.000). No significant differences were found between the two groups in terms of surgical exposure, resectability, bleeding, surgical margins, number of pelvic or para-aortic nodes, postoperative complications, or pain. The level of satisfaction reported by the patient for the incision made was higher in the (IT) group (p= 0.000).

Conclusion/Implications

Due to similar clinical results, the decision to perform a vertical or transverse incision should be made between the surgeon and the patient, taking into account the surgical procedure to be performed, the patient’s characteristics, and the assessment of probable post-surgical complications.

Abstract EP399/#1266 Figure 1

EP400/#284 THE IMPORTANCE OF DEVELOPING THE CONTENT AND PROGRAM TO IMPROVE THE EFFECTIVENESS OF CADAVER SURGERY TRAINING

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Introduction With the diversity of surgical techniques, off-the-job-training has also become more diverse. Among them, there have been many reports that cadaver surgery training (CST) is useful for surgical education. However, it is important for surgical education to have a purpose and to receive appropriate education. We report that it was necessary to have the program and content for each physicians’ proficiency level.

Methods We have held five CST seminars at our hospital. This time, we analyzed the past CST questionnaires and questions. We examined how effective the program was in each physician proficiency level, with surgeon background as a qualitative factor and anatomical knowledge as a quantitative factor. Forty-five physicians participated in the study, divided by whether they were pre- or post-speciality, oncologist, or certified endoscopist. The number of experienced cases, number of complications, and motivation were also asked, and anatomical questions were answered on the web before and after CST.
Results Multivariate analysis showed that the more cases and complications experienced, the higher the educational effect of CST. In other words, advanced skills programs are effective for physicians who have acquired subspecialties, but there is a need for a general program for trainee physicians.

Conclusion/Implications With the results obtained in this study, I created a CST program for each proficiency level: preparatory training as STEP 1, then implementation as STEP 2, and finally a review program as STEP 3.

AS19. Survivorship

EP401/#21 ASIAN AMERICAN BREAST CANCER SURVIVORS WITH HIGH NEEDS FOR HELP

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Introduction Asian American breast cancer survivors have been known as a group with high needs for help despite high social support by their families. To provide appropriate and adequate support for this specific group, it is important to decide what are the characteristics of those with high needs. The purpose of this study was to examine the characteristics of Asian American breast cancer survivors with high needs for help during their survivorship transition.

Methods The data from a larger clinical trial among 185 Asian American breast cancer survivors were used for this study. Multiple instruments were used in the larger study, yet only the data collected using the Supportive Care Needs Survey-Short Form 34 (SCNS-SF34) and multiple scales to measure the survivors' characteristics were used. The data analysis was done through decision tree analyses with the algorithm of classification and regression trees.

Results The women with the highest needs had different characteristics depending on the types of needs. Those with the highest psychological needs had high psychological symptom distress (cut point = 1.60), low self-efficacy (cut point = 100.50), high global symptom distress (cut point = 2.21), and low immigration age (cut point = 29.50).

Conclusion/Implications The findings suggest the risk groups of Asian American breast cancer survivors to target in future interventions to reduce their needs for help.

ADVERSE EFFECTS AND QUALITY OF LIFE OF PATIENTS WITH CERVICAL CANCER UNDERGOING RADICAL CHEMO RADIO THERAPY

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Introduction Concurrent chemoradiation is the standard of care for women with locoregionally advanced cancer of the cervix. The disease and treatment can affect the quality of Life (QOL). The study aimed to determine the adverse events and quality of life of these patients.

Methods A prospective longitudinal study was conducted at our institution in patients with histologically confirmed carcinoma cervix undergoing radical concurrent chemoradiotherapy. Patients with severe physical or mental disabilities and those who developed recurrence in the follow-up period were excluded from further formal interviews. Ninety-five patients were enrolled from 1<sup>st</sup> April 2021 to 31<sup>st</sup> April 2022. The NCI Common Terminology Criteria for Adverse Events v 5.0 were completed at weeks 0,1,3, at brachytherapy, at 3 and 6 months. The EORTC QLQ-C30 and QLQ-C24 questionnaires were administered at week 0, at brachytherapy, at three months, and at six months.

Results The lowest global quality of life scores were recorded during treatment, with the highest scores six months post-treatment. Physical, role and social functioning declined during treatment but improved later, while emotional functioning scales were lowest at the beginning of treatment but improved significantly during treatment and follow-up. Body image declined during radiotherapy, and sexual worries increased with a decline in sexual and vaginal functioning post-treatment. The most common acute toxicities were fatigue, diarrhea, nausea, anaemia, and leukopenia, while constipation, vaginal dryness, and dyspareunia were the most common late toxicities reported.

Conclusion/Implications These results can help healthcare providers better manage symptoms and improve outcomes for patients with advanced cervical cancer undergoing concurrent chemoradiotherapy.

AS20. Symptom management/supportive cancer care

DISCREPANCIES BETWEEN PATIENT AND HEALTHCARE PROFESSIONAL VALUES IN MANAGING SIDE EFFECTS OF GYNECOLOGIC ANTICANCER DRUG THERAPY IN JAPAN

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Introduction It has been reported that physicians tend to underestimate the impact of side effects on their patients. It is important to understand patients’ thoughts and values about side effects to provide a patient-centered treatment approach.

Methods A cross-sectional observational study (web-based questionnaire) was conducted among patients who had received anticancer drug therapy for uterine and ovarian cancer and health care professionals (HCPs), including physicians, nurses, and pharmacists involved in gynecologic cancer care.

Results A survey was performed from November to December 2022, and responses were received from 154 patients, 153 physicians, 166 nurses, and 154 pharmacists. Regarding the differences in anticancer drug preferences, HCPs emphasized OS prolongation and tumor reduction, while patients emphasized safety (fewer side effects affecting activity and appearance) and complete elimination of cancer, with a...