surgery (CRS) improved survival in selected patients with peritoneal carcinomatosis, although the procedures are associated with high morbidity and mortality rates. This study investigated the morbidity and mortality rate of CRS with HIPEC in patients with gynecologic cancers.

Methods: We reviewed retrospectively the medical records of patients who underwent CRS with HIPEC due to gynecologic cancer and pseudomyxoma peritonei from January 2013 to June 2021 at 2 institutions in Korea. The adverse events (AEs) that occurred within 60 days of HIPEC and operative factors related to the AEs were investigated.

Results: A total of 170 procedures were included in this study. There were 155 procedures with ovarian/tubal/peritoneal cancer (91.2%) and 15 (8.8%) with pseudomyxoma peritonei. The median age of patients was 55 years old (range, 16–79). The median score of the peritoneal carcinomatosis index was 9 (range, 0–29). The median operative time was 480 minutes (range, 195–1,080), and estimated blood loss was 600 mL (range, 50–8,600). AE of grade ≥ 3 during hospitalization occurred in 63 procedures (37.1%). The most common serious AE was anemia (34/170, 20%), followed by neutropenia (4.7%) and ileus (4.1%). The mortality rate was 0.6% (1/170) due to acute myocardial infarction. A total of 29 patients (17.1%) was re-hospitalization due to AEs within 60 days postoperative.

Conclusion: The morbidity and mortality rates of CRS with HIPEC in gynecologic cancer patients are comparable with previous reports, and those are in acceptable rates even broad extent of surgery and the long operation time.

Miscellaneous

Poster (M01)

Quality of Life, Nursing & Supportive Care

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Factors influencing the use of complementary and alternative medicine in gynecologic oncology patients

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Objective: To determine the factors influencing the use of complementary and alternative medicine (CAM) in gynecologic cancer patients and the prevalence and pattern of CAM use.

Methods: This was a cross-sectional study of 370 gynecologic cancer patients conducted at the out-patient clinic, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

After informed consent, participants were asked to complete a standardized questionnaire including socio-demographic and clinical characteristic, detail of CAM use, attitude of CAM use, and quality of life using EORTC QLQ-C30.

Results: The prevalence of CAM use was 25.13%. The most common type was herbal medicine (55.90%). The participants who resided or had a birthplace in rural areas presented with a higher proportion of CAM use than those in urban areas ($p=0.470$ and $p=0.004$, respectively). Participants who received multiple modalities of cancer treatment reported significantly higher proportion of CAM use ($p=0.024$). Most CAM users agreed that the CAM could be used in combination with standard treatment, and some rather disagreed that CAM could interrupt the treatment effect of the conventional treatment. CAM users had significantly higher role functioning in quality-of-life scores.

Conclusion: Factors influencing CAM use in gynecologic cancer patients were rural area birthplace or residency, receiving multiple modalities of cancer treatment, having positive attitude towards CAM use. CAM users had better performance in role functioning in quality-of-life score. Therefore, gynecologic oncologists should pay attention to these factors in order to communicate with gynecologic cancer patients about CAM use.

Poster (M02)

Surgical Techniques & Perioperative Management

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Initial experience with the enhanced recovery after surgery (ERAS) protocols in gynecologic surgery at an urban academic tertiary medical center

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Objective: The aim of this study was to describe the development and early experience of enhanced recovery after surgery (ERAS) protocols in gynecology at an urban academic medical center.

Methods: The target patient population included those who underwent major gynecologic surgeries for both benign and malignant diseases between October 2020 and January 2021. Two attending surgeons implemented the protocols for their patients (ERAS cohort) while 3 attending surgeons maintained conventional perioperative care for their patients (non-ERAS cohort). Baseline characteristics, surgical outcomes and patients' answers to a 12-question survey were compared. A case-matched comparative analysis was also performed between