

type, the medical insurance type, the occupational type, the marital status, the educational level have a significant impact on the perceived responsiveness of primary medical institutions.

Conclusions. Health system responsiveness exists in the region, which may be related to the differences in the economic development level, the state of health service and the management and investment in health services among different regions. On the other hand, residents living in the same area are more similar in terms of living environment, socio-economic status, ideology and culture, and health beliefs than those from different regions. This may be one of the reasons the results of health system responsiveness assessment are closer than for residents in different regions.

VP100 Ultraradical Ovarian Cancer Surgery Comparative Clinical Effectiveness

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Introduction. Ovarian Cancer is usually diagnosed at an advanced stage. Extensive or ultra-radical surgery aims to improve the outcome by removing all visible tumour. National Institute for Health and Care Excellence UK 2013 Guidance expressed concern about its efficacy and safety, recommending research comparing complication rates, survival and quality of life with those following standard surgery. We present prospective observational data on quality of life and survival following surgery for advanced ovarian cancer. Innovative methods were used to collect patient reported outcomes and complex surgical information to compare outcomes of surgery of greater or lesser complexity used in routine practice.

Methods. A cohort study collected disease, surgical, complications, survival and quality of life data (validated instruments including EURO-QOL, EORTC-30 and OVA28) across a 2-year period in 12 United Kingdom sites and in parallel studies in Melbourne, Australia and Kolkata, India.

Results. Two hundred and sixty patients undergoing cytoreductive surgery were recruited in 12 months. Centres varied in utilisation of complex surgical procedures. Excluding patients with inoperable disease, 125 patients underwent low, 70 intermediate and 63 high Surgical Complexity Score (SCS) procedures. Complete cytoreduction with < 1cm residual disease was achieved in 100/125 (80 percent) low, 65/70 (92 percent) intermediate, and 57/63 (90 percent) high SCS groups ($p = 0.023$). Compliance with 12 months questionnaires was 89%. All surgical groups had improved EORTC QLC 30 Global at 12 months compared with

prior to operation, with overlapping 95% confidence intervals and no between group differences at 12 months. Complications, survival and quality of life adjusted for disease burden and surgical complexity over 2 years' follow-up will be described.

Conclusions. Results will inform the update of NICE Interventional Procedures guidance recommendations on clinical governance arrangements for ovarian cancer surgery and enable clinicians and patients to better understand the outcomes of surgery, informing the consent process.

VP101 Intrauterine Surgical Interventions: A Rapid Review

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Introduction. Adverse conditions during pregnancy, such as myelomeningocele (MMC), fetal-fetal transfusion syndrome (STFF) and congenital heart disease (CHD) not only significantly increase the risk of fetal death, but also increase the occurrence of severe postnatal sequelae.

Methods. We conducted a rapid review of the efficacy and safety of intrauterine interventions in MMC, STFF and DCC in comparison to traditional interventions. We searched Pubmed via Medline, Cochrane Library and Center for Reviews and Dissemination databases using the terms indexed and synonyms for each intervention.

Results. For STFF, the available scientific evidence indicates that laser ablation is effective and presents better outcomes when compared to other interventions, such as high overall survival rate, better perinatal outcomes and less chance of brain injury. Even though intrauterine interventions in CHD present high rates of live births, high neonatal mortality rates are also reported. Evidence on the efficacy and safety of intrauterine surgical interventions for myelomeningocele and CHD is inconclusive. Regarding myelomeningocele, no significant differences were observed for the outcomes of postnatal mortality, rate of ventriculostomy placement, reversal of posterior brain herniation, motor response and placental rupture.

Conclusions. There is no consensus regarding the efficacy and safety of intrauterine surgical interventions for myelomeningocele and CHD. Regarding STFF, laser ablation is accepted as an effective intervention. It is necessary to conduct prospective studies in order to evaluate the effect of these interventions, considering the specifications of each condition and the ethical aspects.