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PATIENT DECISION AIDS IN GENETIC TESTING FOR WOMEN WITH OVARIAN CANCER

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Introduction/Background Genetic-testing at ovarian cancer (OC) diagnosis is recommended in all clinical guidelines. The level of detailed information patients should be provided for informed decision making regarding genetic-testing is unknown. We evaluate patient preference for short or detailed/extensive Decision-Aids (DA) or written information-sheets for pre-test decision making.

Methodology A more detailed DA was developed using patient and stakeholder input following the principles/methodology of IPDAS (International Patients Decision Aids Standards). Unselected patients at OC-diagnosis were asked to evaluate both a pre-existing short and new long DA version. Patients then underwent mainstreaming genetic-testing by a cancer clinician. Data were collected on satisfaction, readability, understanding, emotional well-being and preference for long/short-DA. Appropriate inferential descriptive and regression analyses were undertaken.

Results The mean-age of patients was 66-years (IQR=11), and 85% were white-British ethnicity. 74% found the DAs helpful/useful in decision making. Women reported higher levels of satisfaction (86% vs. 58%, $p<0.001$), right amount of information provided (76.79% vs.49.12%, $p<0.001$) and improved understanding ($p<0.001$) with the long-DA compared to short-DA. There was no statistically significant difference in the emotional outcomes (feeling worried/concerned/reassured/upset) between 'short' vs. 'long' DA. 74% patients preferred the long and 24% the short DA. Regression analysis suggested patients undergoing treatment (coeff=0.603; CI:0.165–1.041, $p=0.007$), those with recurrence (coeff=0.493; CI:0.065–0.92, $p=0.024$) and older women (coeff=0.042; CI:0.017–0.066, $p=0.001$) preferred the long-DA. Ethnicity did not affect any outcomes or overall preference for long/short-DA. 36% indicated they changed their decision regarding testing following mainstreaming counselling and 26% would have made the decision without it.

Conclusion A longer DA in OC patients has higher satisfaction without increasing any emotional distress. Older women and those undergoing treatment/recurrence prefer more extensive information, whilst those in remission preferred a shorter-DA.

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PATIENTS' PERSPECTIVES ON CHANGES IN CANCER CARE DURING THE COVID-19 PANDEMIC: RESULTS OF A GERMAN SURVEY AMONG PATIENTS WITH GYNECOLOGICAL MALIGNANCIES

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Introduction/Background The COVID-19 pandemic has had an immense impact on health care systems und social life. Currently, there are still limited data on patient perception concerning changes in cancer treatment. We initiated a multicentre prospective anonymous survey among gynecological cancer patients to assess the changes in their therapy situation during the second wave of the pandemic and the impact of their social life.

Methodology We performed a survey among gynecological cancer patients who received treatment or were in follow-up between October and December 2020 at 12 gynecological departments in Germany. The questionnaire included three sections in which social background, current disease status, and patient perception of the COVID-19 implications on cancer care and social life were evaluated.

Results 778 patients completed the survey. The median age of the participants was 59. The majority had ovarian cancer and 70% were under current cancer treatment. More than half of them had already been vaccinated (56.7%) and 85.9% of the participants were willing to receive a COVID-19 vaccine. Anxiety and fear was experienced by more than 50% during the last 2 weeks. Only 8.6% were more afraid of a COVID-19 infection than their cancer disease. Despite the uncertainty of the COVID-19 pandemic, most patients (68.9%) feared their tumour disease more than a COVID-19 infection, and 33.6% feared cancer progression due therapy delay. The treatment appointments were altered in a small number of patients (9.0%). The acceptance of social measures was high: 74.8% keeping social distance and 92.2% wearing a mask.

Conclusion Despite major challenges in cancer care due to the COVID-19 pandemic, the access to cancer treatment and adequate management could be preserved. The increased psychological burden in crisis situations require substantial new infrastructure and should be proactively addressed.