

and Feedback (A&F) intervention to improve the quality and equity of care for ovarian cancer patients residing in Piedmont. This A&F is part of the activities of the EASY-NET network program (<https://easy-net.info/>).

Methodology All consecutive patients treated for newly diagnosed EOC were included by 34 centres from May 2016 to September 2020. Clinical data were entered in a dedicated web database and data quality was centrally monitored. During the audit, 14 feedback meetings were organized with the participating centres to discuss data quality and preliminary results. The treating hospitals were classified according to the mean yearly volume of surgical activity (≥ 35 ; 34-18; <18 patients). Adherence to previously selected structure, process and outcome indicators were analysed by volume of activity of the centre and semester of enrolment. Adherence was classified as: high (>75%), medium (75-60%) and low (<60%). Overall survival (OS) was analysed with a multivariable Cox model including prognostic factors, hospital volume of activity and level of adherence to process indicators.

Result(s)* The present analysis includes 905 patients with EOC diagnosed until December 2019 (23.4% early stages, 76.6% advanced). Out of 12 analysed indicators, 4 showed a high level of adherence (e.g., Completeness of diagnosis and staging: 83%), 3 a medium level (e.g., Adherence to surgical guidelines: 65.5%) and 5 a low level (e.g., Timing and number of cycles for NACT: 57.1%). In general, there was a lower adherence to guidelines by centres with a low volume of activity. For most of the indicators there was an improvement over time. Adherence to guidelines was associated to better OS after adjustment for prognostic factors.

Conclusion* The A&F intervention was useful to support the identification of reference centres, to promote centralization, to reduce variability among regional hospitals and to increase the appropriateness of treatment. Adherence to guideline recommendations was associated to a better outcome.

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684

HOW TO BREAKING BAD NEWS: AN INTERNATIONAL SURVEY AMONG PHYSICIANS AND MEDICAL STUDENTS IN 1146 PARTICIPANTS

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Introduction/Background* Delivering bad news to patients is one of the most challenging everyday tasks in medical practice. Despite its high relevance for patients, relatives, and medical staff, there is lacking data about training, experience, expectations and preferences of physicians and medical students on breaking bad news.

Methodology We therefore conducted an international survey in Germany, Switzerland and Austria using an online questionnaire among physicians and medical students. Recorded data

includes demographics, physician and medical student's clinical experience and their training and educational preferences.

Result(s)* A total of 831 physicians, including 25% gynecologists, 23.1% internal specialists and 315 medical students have participated in the survey. Physicians stated that 45.2% deliver bad news several times a week and 32.6% several times a month. Difficulties controlling their emotions was declared by 37% of the participants. The median score concerning fear was 3.5 on a scale of 0 to 10; for medical students the median score was 5.2. When delivering bad news, 70.4% of the physicians are generally alone with the patient; only 57.4% encouraging patients to be accompanied by their friends or relatives. Among the physicians, only 31.2% mentioned having learned adequate communication skills. Almost all physicians stated that communication with patients has a significant impact on their employee satisfaction. Therefore, a need for systematic training and education in breaking bad news exists. The most preferred educational tools were seminars with simulation patients (53.3%/79.3%), learning from supervisors (59.7%/64.1%) and systematic supervision (48.9%/40.4%) for physicians and medical students respectively. Digital tools may help in preparing individual sessions (54.6%) and for debriefing (38.8%) in the clinical day practice. Missing awareness (52.5%), costs (35.1%) and limited time (10.3%), were the largest barriers for communication education.

Conclusion* We could demonstrate the high need for more education and training in breaking bad news communication skills among physicians and medical students. Hospitals, authorities, medical schools and post-graduate training programs are strongly encouraged to fill this gap.

686

IMPACT OF COVID PANDEMIC IN THE DIAGNOSIS OF ENDOMETRIAL AND OVARIAN CANCERS

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Introduction/Background* The COVID pandemic has had the collateral effect of an alteration in the diagnosis and care of other diseases. In our center, a 30% decrease in the number of cancer diagnoses has been estimated. The objective of this study was to account for this variation in the area of gynecological oncology.

Methodology The diagnoses of endometrial cancer and ovarian cancer, of any histology, diagnosed in our center between April 1, 2019 and March 31, 2021 were reviewed. Data were compared between the pre-COVID period (1/04/19-31/03/20) and COVID (01/04/20-31/03/21).

Result(s)* The number of endometrial cancer diagnoses decreased from 33 to 25 cases (25% decrease). Grouped by stages, initial diagnoses (FIGO I/II) went from 72% to 64%, with an increase in advanced stages (FIGO III/IV) (27% to 36%).

Regarding ovarian cancer, the number of diagnoses was similar (24 pre-COVID vs 26 COVID), although with a slight increase in advanced stages (58% pre-COVID vs 65%). Within the advanced ones, we observed a significant increase in their severity, being in COVID time all stages III (14 cases), while in COVID time 11.2% were IVA stages and 41.2% IVB.