(81%) patients had early stage disease. Fifteen patients (40.5%) had a recurrence, with the commonest sites being the pelvis and distant lung metastasis. Seventeen of the patients have died (46%).

Conclusions In our series there was good correlation between the initial diagnosis and the expert opinion. However, in certain tumour types, specialist review was particularly beneficial in reaching the final diagnosis. This may reflect the enhanced availability of molecular testing at centralised specialist centres. The prognosis is generally unfavourable even in early stage disease.

EPV162/#343 EDUCATIONAL VALUE OF USING CASE-BASED, RECORDED, OPEN-ACCESS VIDEOMICROSCOPY IN GYNECOLOGIC PATHOLOGY

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Objectives The COVID-19 pandemic mandated shifting teaching methods to socially distanced modalities. We took the opportunity to create enduring video-microscopy materials of several types using digital slides and offer them via social media to our trainees. Most of the videos also provided links to digital slides for follow-up self-study. After 13 months of providing content, we assess the reach of the effort, and collate responses.

Methods Whole slide images from personal, institutional and public libraries on PathPresenter were used to prepare video presentations, augmented by presentation slides uploaded into the presentation module of the Digital Anatomic Pathology Academy. Video recordings of the presentation were then uploaded to YouTube and the links shared via social media channels (Facebook and Twitter) and email notice to trainees. YouTube channel analytics provided total views, geographic reach of audience and retention times for each video, as well as comments and reactions. Facebook audience reach was also available for videos posted to groups.

Results A total of 89 gynecologic pathology videos were produced and posted, generating a total of 16,718 views, 180 comments, 792 likes and an unknown number of shares. Average audience reach of Facebook-posted videos was 1,500 using a single niche site directed at developing world pathologists. Survey data from group users indicated that most had directly viewed the digital slides.

Conclusions Teaching videos are eagerly received by trainees and practitioners, offer access to unique and common cases, and assist pathology and non-pathology trainees. Patients also gain from the content. Linkage with digital slides is a valued enhancement.

EPV163/#402 IMPACT OF LYMPH NODE STAGING IN EARLY-STAGE OVARIAN CARCINOMA

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Objectives Our aim was to analyze the prevalence of positive lymph node in presumed early-stage ovarian carcinoma (OC) after systematic lymph node dissection (LND) and the impact in adjuvant chemotherapy.

Methods We evaluated a series of 765 patients with OC who underwent surgical treatment from January 2007 to December 2019. Patients with peritoneal disease and incomplete surgical staging were excluded. All cases had systematic pelvic and paraaortic LND up to the renal vessels. After patient referral to our center, a second surgery for staging was done in 37.8% of cases.

Results A total of 142 cases were ultimately included. The median pelvic and paraaortic lymph nodes (LN) dissected were 30 (range,6–81) and 21 (range,3–86), respectively. Stage shifts after LND and LN metastasis occurred in 8.4% of cases (12/142) – high-grade serous, 11.9% (5/42); clear cell, 16.6% (5/30); endometrioid, 5.1% (2/39); mixed, 0% (0/13); and mucinous, 0% (0/19). Notably, we found clinically suspicious LN (imaging or intraoperative) in 50% of the metastatic LN. Median hospital stay length was 6 days (range,2–33) and 3.6% had grade $\geq$3 complications. Moreover, 110 (77.6%) patients underwent adjuvant chemotherapy and all cases had indication due to histologic type regardless the result of LN staging. After a median follow-up of 50.7months (range,1–206) we noted 27 (18.9%) recurrences, and the 5-years recurrence free and overall survival were 92.5% and 98.1%, respectively.

Conclusions We found a relatively low rate of lymph node positivity and half of positive cases had clinically suspicious LN. The LN status did not impact the indication of adjuvant chemotherapy.

EPV164/#428 CLINICAL SIGNIFICANCE OF MR IMAGING IN THE JUDGMENT OF LYMPH NODE METASTASIS IN GYNECOLOGICAL MALIGNANT TUMORS

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Objectives The lymph node metastasis is closely related to tumor prognosis, and the formulation of postoperative treatment for gynecological malignant tumors.The purpose of this paper is to investigate the clinical value of magnetic resonance imaging in lymph node metastasis of gynecological malignant tumors.

Methods 208 patients undergoing pelvic lymph node and para-aortic lymph node dissection in the Department of Gynecology Chongqing University Cancer Hospital from January 2014 to June 2018 were analyzed retrospectively. SAS9.2 software was used for statistical analysis.

Results The pathological diagnosis in 208 patients showed that 63 patients has pelvic lymph node metastasis, Transfer rate is 30.29%.The sensitivity of MRI to pelvic lymph node transfer is 41.27%.Specificity is 92.41%, Positive forecast value is 70.27%.Negative forecast value is 78.36%.Two-related sample rate test (McNemar test), McNmar Statistics:14.08, P=0.0002, Kappa= 0.38,95% CI(0.24,0.52),The detection rates of the two detection methods differ significantly.37 patients with abdominal aortic lymph node metastasis, Transfer rate is 17.79%.Sensitivity is 29.73%. Specificity is 98.25%.Positive forecast value is 78.57%, Negative forecast value of 86.60%.

Two - related sample rate test (McNemar test), McNmar Statistics,18.24,The P<0.0001,Kappa=0.37,95% CI(0.20,0.54), The detection rates differ between the two detection methods too.

Conclusions Magnetic resonance has low sensitivity to lymph node transfer determination, high specificity, high positive and negative prediction value, which can be used as a preoperative routine examination, but by magnetic resonance examination alone, to judge whether there is lymph node transfer that is prone to leakage diagnosis, more effective testing methods are needed to assist in the diagnosis.

EPV165/#137 GYNECOLOGIC CANCER APPOINTMENT ATTENDANCE DURING THE COVID-19 PANDEMIC

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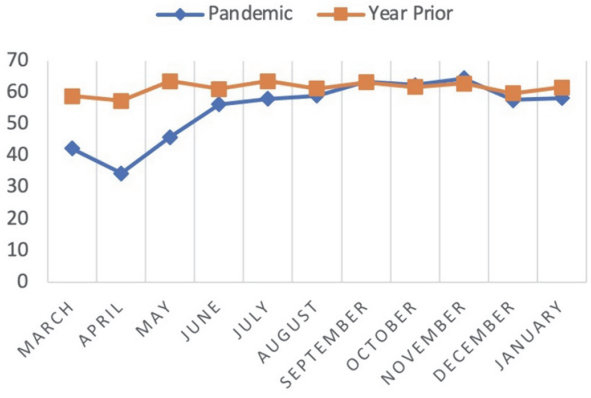
Objectives The COVID-19 pandemic has significantly disrupted medical care. The purpose of this analysis was to determine the impact of the pandemic on gynecologic cancer appointment adherence.

Methods All appointments scheduled at an academic gynecologic oncology center from March 2019 to January 2021 were included. Appointments were stratified into two groups - pre-pandemic (March '19 to January '20) and pandemic (March '20 to January '21). Appointments were determined 'missed' if the patient did not show or cancelled. A multivariable logistic regression was performed to determine the odds ratio (OR) of appointment adherence during the pandemic.

Results 31,803 appointments were scheduled during the study period (15,834 (49.8%) pre-pandemic and 15,969 (50.2%) during the pandemic). There were significantly more appointments missed during the pandemic than pre-pandemic - 7266 (45.5%) vs. 6131 (38.7%); p<.0001. The adjusted odds of missing an appointment were significantly higher during the pandemic (OR 1.43 [95% CI 1.36 to 1.51]; p<0.0001). There were more return visits missed during the pandemic than before - 6696 (47.0%) vs 5341 (39.5%); p<0.0001. New-patient visit adherence was unchanged. Race, ethnicity, and income were not associated with missed appointments.



Abstract EPV165/#137 Figure 1 Line graph of percent-attendance by month stratified by pre-pandemic and during-pandemic

Abstract EPV165/#137 Table 1 Attendance by month stratified by pre-pandemic and during-pandemic

Month	Year Prior (%)	Pandemic (%)	p-value
March	58.82	42.23	<.0001
April	57.24	34.36	<.0001
May	63.56	45.84	<.0001
June	61.01	56.15	0.0074
July	63.56	57.94	0.0014
August	61.09	58.97	0.2423
September	63.21	63.25	0.9827
October	61.71	62.23	0.7703
November	62.72	64.38	0.3739
December	59.65	57.57	0.2601
January	61.5	58.17	0.0649

Conclusions There were increased odds of missing an appointment during the pandemic than during the year prior. This association was mostly explained by return visits as new patient visit adherence was not impacted by the pandemic. Initiatives should be undertaken to determine the effects of pandemic-induced appointment nonadherence.

EPV166/#226 GYNECOLOGICAL CANCER SURGERIES IN TERTIARY CARE HOSPITAL OF PAKISTAN IN THE ERA OF COVID-19 PANDEMIC

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Objectives COVID-19 pandemic has affected the systems in all hospitals and non-essential elective surgeries were deferred. In this retrospective study we have evaluated results and complications of gynaecological cancer surgeries in a tertiary care hospital during the first 9 months of covid pandemic in our country.

Methods We retrospectively analyzed the medical charts of patients who underwent these surgeries from March-December, 2020.

Results The study included 116 patients, 48 endometrial, 50 ovarian, 14 cervical and 4 vulval &vaginal cancers. Majority of cancers were early stage (64%). The median age was 58 years (range 22–85years). Surgical approach was laparotomy in 77.6% including 48% complex surgeries. Based on the BGCS framework for prioritization of these surgeries, most of our surgeries belong to priority level 2(89%) and 3(11%). COVID verbal screening (by a questionnaire) was done in 90% of patients starting in Mid-March. Formal COVID testing by PCR for all pre-operative patients was commenced in April and hence 89(77%) of all patients underwent this testing. Only 2 patients were found COVID positive and the surgery was deferred for 4 weeks. Complications based on Clavien-Dindo grade 1, grade 4a and grade 5 were observed in 4 patients. Median hospital stay was 5 days. Out of 12 patients with clinical suspicion of COVID within 30 days of surgery 3 were found to be covid positive, including one requiring ICU admission.