Abstract 2022-RA-1326-ESGO Figure 2 Overall survival kaplan-meier graphic

Conclusion Our study demonstrate that robotics surgery could be considered as an alternative cytoreduction option without worst survival outcomes respect laparotomic approach in highly selected patients.

2022-RA-1329-ESGO | **OVARIAN CANCER HOSPITALIZATION RATES DURING THE COVID-19 PANDEMIC IN THE STATE OF SAO PAULO AND CORRELATION WITH PANDEMIC-RELATED VARIABLES**

[1]Vinicius Cesar Moterani, [1]Nino Jose Wilson Moterani Junior, [1]Franklin Fernandes Pimentel, [2]Francisco José Candido dos Reis. [1]Ribeirao Preto Medical School, University of Sao Paulo, Ribeirão Preto, Brazil; [2]Gynecology and Obstetrics, Ribeirao Preto Medical School, Ribeirao Preto, Brazil

Introduction/Background The COVID-19 pandemic which began in 2020 disrupted healthcare services and changed patient behavior. Our objective was to identify changes in hospitalization rates of ovarian cancer patients from 2016 to 2020, comparing pre-pandemic and pandemic levels. We also aimed to assess, if these changes happened and whether they were correlated with pandemic-related variables.

Methodology Aggregated data were obtained from the State of Sao Paulo Secretary of Health regarding ovarian cancer hospitalization, average social distancing rates, COVID-19 incidence, mortality, lethality, and both COVID-specific infirmary and ICU bed occupation rates. Hospitalizations for ovarian cancer were categorized as either clinical or surgical treatments. These data were available at the state level and for each state's subdivisions. We performed a Joinpoint analysis in order to verify if there were changes regarding hospitalization rates during the study period. We also calculated hospitalization rate ratios and verified if they were correlated with pandemic-related variables.

Results Overall hospitalization rates in the state fell coinciding with the start of the pandemic. At the state level, clinical hospitalization rates did not show changes in their trend during the study period, while surgical hospitalization rates started to decrease two trimesters before the pandemic began and remained decreasing. Surgical hospitalization rate ratios were inversely correlated with COVID-specific ICU bed occupation rates during the third trimester of 2020, with a Pearson Correlation coefficient of -0.50 (95% CI: -0.78 to -0.05, p = 0.03). An increasing number of exclusively public-insured persons were identified in the state, with a Pearson Correlation coefficient of 0.95 (95% CI: 0.88–0,98, p < 0.001).

Conclusion Surgical hospitalization rate ratios fell during the third trimester of 2020 and were inversely correlated with ICU occupation. This demonstrates the impact of the COVID-19 pandemic on the treatment of conditions that compete for the same healthcare resources.

2022-RA-1333-ESGO | **CLINICAL PRACTICE PATTERNS IN ADVANCED OVARIAN CANCER: A NATIONAL SURVEY**

[1]Richi Khandelwal, [1]Bhagyalaxmi Nayak, [1]Jita Parija, [2]SK Giri, [2]Janmejaya Mohapatra, [2]Manoranjan Mahapatra, [2]AK Padhy. [1]Gynecological Oncology, AHPGIC, Cuttack, India; [2]AHPGIC, Cuttack, India

Introduction/Background There is no standardised approach to the management of advanced ovarian cancer. The choice of treatment varies depending on centre, surgeon and patient related factors. Non-uniformity in management reflects in the different survival rates of this entity across centres.This is especially important in developing countries where majority of population is not covered by insurance. There is no national data which gives an insight into the practice patterns and hence this survey was conducted to assess the practice patterns of management of advanced ovarian cancer by Gynecological oncologists practising in various regions across the country.

Methodology A questionnaire has been sent to practicing gynaecological oncologists across India. Questionnaire was designed to reflect the common practices in the treatment of advanced ovarian cancers. Survey was conducted through social media platforms and data was on an anonymous basis.

Results Preliminary data shows a response rate of 72%. It was observed that there are disparities in treatment between surgeons working in the government sector compared to the private sector. Most of the surgeons worked on centres doing more than 40 surgeries per year in advanced ovarian cancer. Criteria to decide Upfront debulking and Interval debulking also differed, Laparoscopic based scoring was being used by only 51.2% of respondents. The preferred surgery was interval debulking surgery by majority of surgeons(75.3%). HIPEC was used in 15.6% patients in the private hospitals versus 8.8% patients in the government hospitals. BRCA testing was routinely advised by 45.3% of physicians. Bevacizumab & PARP inhibitors we're used by only 35.2% & 8.1% of physicians.

Conclusion According to our study, there are minor variations with respect ot the different practice patterns but they are disparate especially when comparing the physicians between government and private sector. However, more number of participants would help in generalising the results.