**Abstracts**

**IGCS20_1299**

**SURGICAL MORBIDITY DURING COVID-19 PANDEMIC – A GYNAECOLOGY ONCOLOGY PERSPECTIVE**

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Introduction COVID-19 has had significant repercussions on the provision of oncological surgical services worldwide. Within any Gynaecological Oncology service, careful consideration needs to be given when weighing up peri-operative risks & potential inpatient exposure to COVID-19 versus the risk of delaying surgery. Often, for these patients, deferral of surgery may result in disease progression.

Since March 2020, we identified 118 Gynaecological Oncology patients referred to the Ireland East Gynaecological Group between the Mater Misericordiae University Hospital (MMUH) & St. Vincent’s University Hospital (SVUH) for whom major oncological surgery was deemed clinically urgent. To minimise peri-operative morbidity and the risk of onward hospital transmission of COVID-19, screening questionnaires were administered before hospital admission. These screened for epidemiological risk, symptoms, recent travel & contacts. If asymptomatic, testing for SARS-CoV-2 was not performed.

Methods To minimise peri-operative morbidity and the risk of onward hospital transmission of COVID-19, screening questionnaires were administered before hospital admission. These screened for COVID-19, suspected diagnoses, surgical procedures & 7-day morbidity.

Results This cohort consisted of ovarian (n=57), endometrial (n=41), cervical (n=6) and vulvo-vaginal (n=14) cancer patients. 44% of cases were laparoscopic and 18% were major cytoreductive surgeries. All patients screened were deemed asymptomatic & low risk- therefore proceeded to surgery. 49 cases (41.5%) patients had a defined risk factor for COVID-19. 7-day post-operative morbidity was 13% (N=16). 3 patients met symptomatic criteria for COVID-19 testing post-operatively, however none tested positive.

Conclusion Careful patient selection based on risk factors and symptoms allows units to continue to perform safe oncological surgery during a pandemic.

**IGCS20_1301**

**COMPARATIVE STUDY OF OVARIAN LOW- GRADE AND HIGH- GRADE SEROUS OVARIAN CARCINOMA**

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Introduction as part of the IGCS global education curriculum since 2017, monthly tele-mentoring of gynecological oncology fellows has been implemented at 14 cancer centers in low-middle income countries (LMIC) using the Project ECHO technique of tumor board-style videoconferences (TBVC). The effectiveness of pathologist mentors in this curriculum has not been studied and we hypothesize that it is defined, in part, by the adequacy of the pathology case presentation in pre-meeting materials and during the TBVC at each site.

Methods The cancer centers of the IGCS-sponsored TBVC are in Kenya, Ethiopia, Uganda, Mozambique, Zambia, Kazakhstan, Belarus, Nepal, Vietnam, Fiji, Guatemala, Bahamas, Jamaica and PARSGO. This study is a descriptive analysis of the experiences of the initial 3 pathologists.

Results attendance of the TBVC by a local site pathologist routinely occurs in 2/14 sites. Pre-meeting distribution of the pathologic diagnosis to the mentors occurs in 3/15 sites. The overall subjective assessment was that the pathologist mentors were routinely limited in their ability to evaluate the pathology of the case at 12/14 sites and therefore were limited in their opportunity to meaningfully contribute to the TBV.

Conclusions The role of pathology mentors in global educational programs for gynecological oncologists in LMIC is dependent on interaction with a local pathologist and on the adequacy of the pathology case presentation. We recommend that a standardized set of pathology information be presented for each case, including appropriate digital images, which may be a challenge due to resource limitations in LMIC without external funding.

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**BARRIERS AND OPPORTUNITIES FOR OPTIMIZING PATHOLOGY MENTORING IN THE PROJECT ECHO TUMOR BOARD PROGRAM OF THE IGCA PILOT EXAMINATION OF ADEQUACY OF PATHOLOGY CASE PRESENTATIONS**

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Introduction as part of the IGCS global education curriculum since 2017, monthly tele-mentoring of gynecological oncology fellows has been implemented at 14 cancer centers in low-middle income countries (LMIC) using the Project ECHO technique of tumor board-style videoconferences (TBVC). The