The consultation was completed by 28 ovarian cancer groups from 16 countries during May 2020.

Results The pandemic has had a significant impact on the work and viability of ovarian cancer patient advocacy organizations. Half (50%) saw an increase in requests for information and support (45% increase on average) mainly relating to treatment and the fear of COVID-19. This coincided with 95% experiencing a sharp decline in income resulting in the need to reduce staff and manage a move to virtual working practices. Of those who fund research, 70% say their ability to fund or carry out research is, or may be, affected. Almost 80% had concerns about their overall current, or future viability. Groups also reported significant disruptions to ovarian cancer services, including delays in access to diagnostics and changes in treatment regimes.

Conclusions Ovarian cancer patient advocacy groups play a vital role in supporting those who are diagnosed with ovarian cancer. The impact of the pandemic means many organizations need additional resources to ensure that they continue to provide these vital services.

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23

IMPACT OF COVID-19 IN GYNECOLOGIC ONCOLOGY: A NATIONWIDE ITALIAN SURVEY

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Objective Several attempts are done in order to control COVID-19 and promote a fair allocation of resources during

the outbreak. The Italian society of obstetrics and gynecologist (SIGO), and the Multicenter Italian Trials in Ovarian cancer and gynecologic malignancies (MITO) are promoting research activities in the field of gynecologic oncology on a national basis, even in the era of COVID-19.

Methods The SIGO and MITO group promoted a national survey aiming to evaluate the impact of COVID-19 on clinical activity of gynecologist oncologists and the implementation of containment measures of COVID-19 diffusion.

Results Overall, 604 participants completed the questionnaire with a response rate of 70%. The results of this survey suggest that gynecologic oncology units had set a proactive approach to COVID-19 outbreak. Triage methods were adopted in order to minimize the in-hospital diffusion of COVID-19. Although 73% of the participants stated that COVID-19 has not significantly modified their everyday practice, 21% declared a decrease in the use of laparoscopy in favor of open (19%) and vaginal (2%) surgery. Interestingly, about 5% of the participants stated that the use of laparoscopic surgery has increased during the COVID-19 outbreak. However, less than 50% of surgeons adopted specific protection against COVID-19. Additionally, responders suggested to delay cancer treatment (10–15%), and to perform less radical surgical procedures (20–25%) during COVID-19 pandemic.

Conclusions International cooperation is of paramount importance, as heavily affected nations can serve as an example to find out ways to safely preserve clinical activity during the COVID-19 outbreak

IGCS20_1162

24

PATTERNS OF RECURRENCE IN VULVAR CANCER: A NATIONWIDE POPULATION-BASED STUDY

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Objectives To explore patterns of recurrence and prognostic factors in patients with vulvar squamous cell carcinoma (VSCC) in Sweden.

Methods A nationwide population-based retrospective cohort study, including women diagnosed with VSCC between 2012–2015 and registered in the Swedish Quality Registry for Gynecologic Cancer. Further information about recurrences and follow-up was retrieved from medical charts. Prognostic factors (groin surgery; age (> 79 years vs < 65 years), stage (I-II vs III-IV)) for recurrence-free (RFS) and overall survival (OS) were analyzed by multivariate regression models.

Results 489 eligible women were included. Median follow-up was 5.3 years. The overall recurrence rate was 22.3%; in 56% local, in 27.5% groin and in 7.3% distant recurrences.

63.3% of all women with a recurrence reported symptoms. Groin surgery was withheld in 13% of women with presumed stage IB-II.

Poorer RFS and OS was significantly associated with older age (HR 3.44; $p < 0.001$ for RFS; HR 5.03; $p < 0.001$ for OS), withheld groin surgery (withheld versus performed: HR 0.53; $p = 0.001$ for RFS; HR 0.49; $p = 0.001$ for OS) and advanced FIGO stage (HR 2.41; $p < 0.001$ for RFS; HR 2.48; $p < 0.001$ for OS).

Recurrences diagnosed in-between follow-up visitations were significantly larger (30 mm versus 18 mm, $p = 0.003$) but after adjustment for age, type of recurrence and time since treatment not associated with worse survival.

Conclusions This population-based study confirms previous findings of predominantly local recurrences in vulvar cancer. Besides known prognostic factors as age and FIGO-stage, withheld groin surgery was associated with worse RFS and OS.

The value of regular follow-up remains undetermined.

IGCS20_1484

25 ENDOMETRIAL CANCER: LAPAROSCOPY VS ROBOTIC SURGERY. A LARGE SINGLE-INSTITUTION RETROSPECTIVE ANALYSIS

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Introduction Minimally invasive surgery (MIS) is the gold standard for endometrial cancer staging. Among MIS approaches, laparoscopy (LPS) and robotic surgery (RS) are the major techniques. The aim of this study is to compare these two approaches in endometrial cancer staging.

Methods In this large single-institution retrospective study we enrolled 1221 consecutive clinical stage I-II-III endometrial cancer patients undergone MIS surgical staging at the Gynecologic Oncology Unit, Fondazione Policlinico Universitario A. Gemelli IRCCS. We compared 766 patients treated by LPS and 455 by RS, on the basis of perioperative and oncological outcomes (disease free survival, DFS and overall survival, OS). A sub-analysis of the high-risk population was performed in the two cohorts.

Results The two cohorts were homogeneous in terms of perioperative and pathological data. We recorded differences in number of relapse/progression (11.7% in LPS vs 7% in RS, p value = 0.008) and in number of deaths (9.8% in LPS vs 4.8% in RS, p value = 0.002). Whereas, in the univariable analysis, the age > 65 , grading, the LVSI positivity and the risk group were independent predictors of DFS and OS. In the multivariable analysis the association of the age and grading was significant for DFS and OS. In the sub-analysis, the univariable and the multivariable confirmed the influence of the age in DFS and OS, despite of the MIS approach.

Conclusions/implications In our large retrospective analysis, we confirmed that robotic surgery is superimposable to the standard laparoscopic approach for MIS endometrial cancer staging also for the high-risk population.

IGCS20_1114

26 META-ANALYSIS COMPARING INFLUENCE OF NO ADJUVANT TREATMENT, POSTOPERATIVE RADIOTHERAPY AND/OR CHEMOTHERAPY ON SURVIVAL IN PATIENTS AFTER PRIMARY SURGERY INCLUDING LYMPHADENECTOMY FOR EARLY STAGE UTERINE CARCINOSARCOMA

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Introduction Uterine carcinosarcoma (UCS, malignant mixed Müllerian tumor) is rare but aggressive form of endometrial cancer according to metastatic potential. Standard treatment is primary surgery. Adjuvant therapy improves survival in advance disease but its benefit remains unclear in stage I (FIGO 2009).

Methods A systematic review and meta-analysis to compare influence of no adjuvant treatment (No AT) $\pm$ postoperative vaginal brachytherapy (VBT), adjuvant external beam radiation therapy (EBRT) $\pm$ VBT, adjuvant chemotherapy (CT) $\pm$ VBT, and adjuvant CT + EBRT $\pm$ VBT on survival in patients with stage I UCS after primary surgery including at least hysterectomy, bilateral salpingo-oophorectomy, and lymphadenectomy. Prospectively stated selection criteria, data collection and comprehensive search strategy was registered on PROSPERO. Investigators independently extracted data. Random-effects meta-analysis was used to estimate risk ratios (RR).

Results We included 14 retrospective observational studies with 1,090 UCS patients (figure 1). No AT $\pm$ VBT was associated

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For more information, visit www.prisma-statement.org.

Abstract 26 Figure 1 Study selection