984

IMPACT OF SARS-COV-2 ON TRAINING AND MENTAL WELLBEING OF SURGICAL GYNAECOLOGICAL ONCOLOGY TRAINEES

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Introduction/Background* The SARS-CoV-2 global-pandemic has caused a crisis disrupting health systems worldwide. Whilst efforts are afoot to determine the extent of disruption, impact on gynaecological oncology trainees/training has not been explored. We present data from an international survey on impact of SARS-CoV-2 on clinical practice, medical education, and mental wellbeing of surgical gynaecological oncology trainees.

Methodology In our prospective cohort study, a customised web-based-survey was circulated to surgical gynaecological oncology trainees from national/international organisations (May-November 2020). Validated questionnaires assessed mental wellbeing. Wilcoxon rank sum test and Fisher's exact test tested hypothesis about differences in means and proportions. Multiple linear regression evaluated effect of variables on psychological/mental wellbeing outcomes. Outcomes included clinical practice, medical education, anxiety & depression, distress, mental wellbeing

Result(s)* 127 trainees from 34 countries responded. 52% (66/127) were from countries with national training programmes (UK/USA/Netherlands/Canada/Australia) and 48% (61/127) from non-national training programme countries. 28% had suspected/confirmed COVID19; 28% experienced drop in household income; 20% self-isolated from households; 45% had to re-use personal protective equipment and 22% purchased their own. 32.3% (41/127) trainees (national training programme trainees=16.6% (11/66); non national training programme trainees=49.1% (30/61), $p=0.02$) require additional time to complete their training fellowship. The additional training time anticipated did not differ between trainees from countries with/without national training programmes ($p=0.11$). Surgical training was detrimentally impacted for 50% trainees, with more national training programme trainees (62.3% (38/61) than non national training programme trainees (38.5% (25/65), $p=0.01$) reporting a detrimental impact despite a greater reduction in mean surgical exposure reported by non national training programme trainees. Departmental teaching continued throughout the pandemic for 69% (87/126) trainees, albeit at reduced frequency for 16.1% (14/87), and virtually for 88.5% (77/87). Trainees reporting adequate pastoral support had better mental wellbeing with lower-levels of anxiety/depression ($p=0.02$) and distress ($p<0.001$). National training programme trainees experienced higher levels of distress ($p=0.01$). Mean mental wellbeing scores were significantly higher pre-pandemic (8.3 (SD=1.6) versus post-pandemic (7 (SD=1.8); $p<0.01$).

Conclusion* SARS-CoV-2 has negatively impacted surgical training, household income and psychological/mental wellbeing of surgical gynaecological oncology trainees. Overall clinical impact was worse for non national training programme versus national training programme-trainees, though national-training-programme-trainees reported greater distress. COVID19-sickness increased anxiety/depression. The recovery-phase must focus on improving mental-wellbeing and addressing lost training opportunities.

985

POST-OPERATIVE MORBIDITY & MORTALITY FOLLOWING GYNAECOLOGICAL ONCOLOGY SURGERY: PROTOCOL FOR A GLOBAL PROSPECTIVE COHORT STUDY (GO SOAR1)

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Introduction/Background* The Global Gynaecological Oncology Surgical Outcomes Collaborative aims to develop a network of gynaecological oncology surgeons, surgical departments and other interested parties that will have the long-term ability to collaborate on outcome studies. Presented is the protocol for the first collaborative study. Our primary objective is to evaluate international variation in thirty day post-operative morbidity and mortality following gynaecological oncology surgery between very high/high and medium/low human development index country settings.

Methodology

Design International, multi-centre, prospective, observational, cohort-study. Two study-arms: very high/high and medium/low human development index (HDI) country settings. Clinical-Trials.gov registry: NCT04579861.

Inclusion criteria Women aged ≥ 18 years undergoing elective/emergency, curative/palliative surgery for primary/recurrent tubo-ovarian/peritoneal, endometrial, cervical, vulval, vaginal, gestational trophoblastic malignancies. Surgical modality may be open, minimal access (laparoscopic/robotic), or vaginal.

Exclusion criteria Non-gynaecological disease as the primary malignancy, diagnostic procedures, or any procedure not requiring a skin incision under general/regional anaesthesia.

Recruitment Patient data will be collected over a consecutive thirty day period through Gynaecological Oncology multidisciplinary teams and clinics across different HDI country groups. All data is collected on a customised, secure, password protected, central REDCap database.

Primary outcome Thirty day post-operative morbidity and mortality defined as per Clavien Dindo classification system.

Secondary outcomes Intra-operative morbidity/mortality; rate of tumour clearance; international prospective surgical outcomes database; comparison of current practice against selected tumour specific audit standards derived from the European Society of Gynaecological Oncology guidelines.

Sample size 1100 (550/arm) inflated by 20% to account for missing data and loss to follow up, at 90% power, $\alpha=0.05$, will be able to determine a 10% point difference in thirty day post-operative morbidity and mortality following