

380 CHEMOTHERAPY AND SARS-COV2 INFECTION: A SINGLE CENTER EXPERIENCE

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Introduction/Background* During COVID-19 pandemic many studies have been published; concerning oncological patients SARS-CoV2 infection is correlated to a 29.4% mortality rate. Few data describe the incidence and outcome of COVID-19 infection in patients undergoing chemotherapy.

The aim of our study is to assess COVID-19 behavior in patients treated with chemotherapy.

Methodology We considered 179 patients affected by gynecological cancers who underwent chemotherapy during the pandemic. Patients were educated to respect COVID-19 rules of conduct. We used different criteria to screen the patients with the rhino-pharyngeal swab and anamnestic questionnaire, so we analyzed two different periods: 11th March–15th October 2020, 16th October 2020–30th April 2021. From 11th March to 30th April 2020 we screened the symptomatic patients; from 1st May to 15th October 2020 the swab was made to all patients before their first access. Conversely, during the second period (16th October 2020–30th April 2021), we made the swab to all patients every 28 days. Patients resulted positive to COVID-19 were suspended from chemotherapy until their first negative swab.

Result(s)* During the first period 806 chemotherapy cycles were carried out: there were no positive patients. During the second period 775 chemotherapy cycles were carried out: 13/99 (13.3%) patients resulted positive. Three of them (23.1%) were symptomatic; among these only one patient (7.7%) had SARS-CoV2 pneumonia and was admitted to semi-intensive care; what is important to underline is that this patient was positive before starting the second line chemotherapy. Two patients (15.4%) were paucisymptomatic, one of whom died for cancer progression. Overall, 10 patients (77%) resulted asymptomatic.

Conclusion* Our experience supports that chemotherapy does not worsen SARS-CoV2 symptoms and mortality rate. Only with periodic swabs it was possible to identify positive patients, as they were asymptomatic. Moreover, none of the patients who became positive during chemotherapy developed pneumonia.

Further studies are needed to evaluate the protective role of chemotherapy against COVID-19 symptoms and complications.

421 CHEMOEMBOLIZATION WITH HEPASHERE IN TREATMENT OF PATIENTS WITH PRIMARY AND RECURRENT GYNECOLOGICAL TUMORS

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Introduction/Background* CHEMOEMBOLIZATION WITH HepaSphere IN TREATMENT OF PATIENTS WITH PRIMARY AND RECURRENT GYNECOLOGICAL TUMORS

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Introduction Primary and recurrent gynecological tumors represent a major challenge because of high risk of bleeding and anemia. The treatment of such patients is always individuals and depends on ECOG status, tumor character (size, location, tumor morphology and biology), clinical symptoms and etc. The transcatheter arterial chemoembolization of the dominate arteries of the tumor (TACE) is a minimal invasive procedure for the blood supply arrest and direct cytotoxic action on the malignant tumor.

Methodology From September 2015 until February 2020 82 patients were treated with TACE in our clinic: 38 – with recurrent pelvic gynecological tumors and 44 – with locally advanced endometrial and cervical cancer. Morphology: in most (78) cases – adenocarcinoma. In all cases the indication for chemoembolization of tumor supplying arteries was bleeding. The aim of the chemoembolization was to stop bleeding and effect on the tumor with local chemotherapy. Mean age was 44 years. All patients had gynecological examination, ultrasound and MRI/CT with contrast. After arteriography for localization of the tumor suspension of microspheres (HepaSphere, Merit Medical) was injected in tumorsupplying artery. Two flacons (each 25 mg) were saturated with 100mg of Irinotecan or 50 mg of Doxorubicin.

Result(s)* In all cases bleeding control was achieved in one day. At day 7 mean tumor reduction was 24%. Maximal anti-tumor effect was achieved in 10 days and was kept about 8 weeks. In this period 42 patients were radically operated, 26 – had iv chemotherapy and 14 – chemoradiation. One patient had vesicovaginal fistula as complication that was treated with surgery.

Conclusion* TACE with chemo saturated microspheres (HepaSphere, Merit Medical) is safe minimally invasive and effective method that allows to control vaginal tumor bleeding with cytostatic antitumor effect in patients with primary and recurrent gynecological cancer.

446 IMPACT OF COVID-19 PANDEMIC ON GYNAECOLOGICAL ONCOLOGY HEALTHCARE IN THE NETHERLANDS: DATA FROM THE PROSPECTIVE DUTCH GYNAECOLOGICAL ONCOLOGY AUDIT

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Introduction/Background* The COVID-19 pandemic caused drastic healthcare changes worldwide. To date, the impact of these pandemic-induced alterations in gynaecological oncology healthcare is unknown. We assessed the impact of the COVID-19 pandemic on gynaecological oncology healthcare in the Netherlands by analysing data of the Dutch Gynaecological Oncology Audit (DGOA).

Methodology All patients in The Netherlands undergoing surgery for ovarian, vulvar, endometrial or cervical cancer are registered in the DGOA since 2014. To evaluate whether the COVID-19 pandemic influenced care, we compared the following parameters that are available in the