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

R Cioffi*, G Sabetta, F Galli, C Saponaro, E Rabaiotti, L Bocciolone, M Petrone, G Candotti, G Mangili, A Bergamini. *San Raffaele Hospital, Obstetrics and Gynecology Unit, Milano, Italy*

10.1136/ijgc-2021-ESGO.301

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 HEPASPHERE IN TREATMENT OF PATIENTS WITH PRIMARY AND RECURRENT GYNECOLOGICAL TUMORS

A Kedrova*, B Alexander. *Federal research and clinical center of specialized kinds of medical care and medical technology FMBA , Oncology, Moscow, Russian Federation*

10.1136/ijgc-2021-ESGO.302

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

Kedrova A.G. (1), Berishvili A.I. (1), Lebedev D.P. (1), Zvezkina E.A. (1), Krasilnikov C.E. (2)

1 – Federal research and clinical center of specialized kinds of medical care and medical technology FMBA Russia

2 –National medical research center of E.N.Meshalkin

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 untill 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 antitumor 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

[1,2]M Algera*, [3]WJ Van Driel, [1]B Slangen, [2,4]M Wouters, [1]RFPM Kruitwagen. *[1]MUMC+, Department of Obstetrics and Gynaecology, Maastricht, Netherlands; [2]DICA, Leiden, Netherlands; [3]The Netherlands Cancer Institute (NKI), Gynaecological Oncology, Amsterdam, Netherlands; [4]The Netherlands Cancer Institute (NKI), Surgical Oncology, Amsterdam, Netherlands*

10.1136/ijgc-2021-ESGO.303

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

Abstract 446 Table 1 Outcomes for ovarian, vulvar, endometrial and cervical cancer surgical procedures in 2018–2020, in the DGOA registry

Ovarian carcinoma

	2018-2019 (N=2845) N (%)	2020 (N=1459) N (%)	P-value[A]
Time to first treatment			**<0.001**
Median, in days [Q1,Q3]	27.0 [15.0,45.5]	23.0 [13.0,41.0]	
Missing	206 (7.2)	39 (2.7)	
Treatment within 42 days	1922 (67.6)	1084 (74.3)	**0.017**
Yes	717 (25.2)	336 (23.0)	
No	206 (7.2)	39 (2.7)	
Missing			
Length of hospital stay			0.067
Median [Q1,Q3]	5.00 [3.00,6.00]	4.00 [2.00,6.00]	
Missing	103 (3.6)	131 (9.0)	
Postoperative complications			0.054
No complication	2022 (71.1)	1071 (73.4)	
Complication			
Without re-intervention	723 (25.4)	326 (22.3)	
With re-intervention	100 (3.5)	62 (4.2)	
30-day-mortality			0.960
Alive	2833 (99.6)	1453 (99.6)	
Dead	12 (0.4)	6 (0.4)	

Vulvar carcinoma

	2018-2019 (N=901) N (%)	2020 (N=458) N (%)	P-value[A]
Time to first treatment			**<0.001**
Median, in days [Q1,Q3]	33.0 [22.0,51.0]	28.0 [16.0,49.5]	
Missing	68 (7.5)	7 (1.5)	
Treatment within 42 days			0.230
Yes	545 (60.5)	310 (67.7)	
No	288 (32.0)	141 (30.8)	
Missing	68 (7.5)	7 (1.5)	
Length of hospital stay			**<0.001**
Median [Q1,Q3]	2.00 [1.00,4.00]	1.00 [0,3.00]	
Missing	30 (3.3)	22 (4.8)	
Postoperative complications			0.499
No complication	614 (68.1)	309 (67.5)	
Complication			
Without re-intervention	256 (28.4)	138 (30.1)	
With re-intervention	31 (3.4)	11 (2.4)	
30-day-mortality			0.626
Alive	900 (99.9)	457 (99.8)	
Dead	1 (0.1)	1 (0.2)	

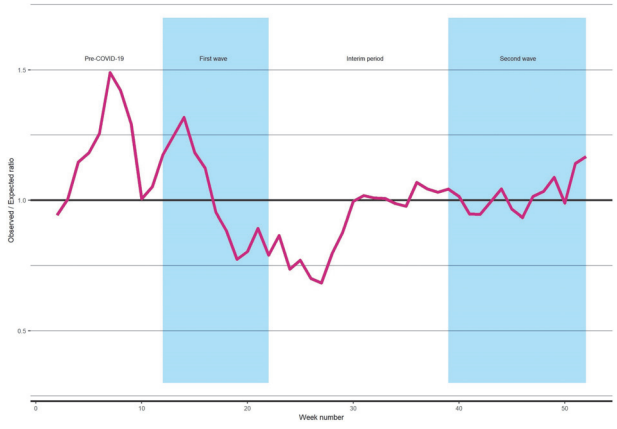
Endometrial carcinoma

	2018-2019 (N=3468) N (%)	2020 (N=1782) N (%)	P-value[A]
Time to first treatment			**<0.001**
Median, in days [Q1,Q3]	34.0 [22.0,52.0]	30.0 [20.0,48.0]	
Missing	152 (4.4)	38 (2.1)	
Treatment within 42 days	2140 (61.7)	1218 (68.4)	**<0.001**
Yes	1176 (33.9)	526 (29.5)	
No	152 (4.4)	38 (2.1)	
Missing			
Length of hospital stay			**<0.001**
Median [Q1,Q3]	2.00 [1.00,3.00]	1.00 [1.00,3.00]	
Missing	138 (4.0)	110 (6.2)	
Postoperative complications			0.059
No complication	3061 (88.3)	1607 (90.2)	
Complication			
Without re-intervention	329 (9.5)	134 (7.5)	
With re-intervention	78 (2.2)	41 (2.3)	
30-day-mortality			0.960
Alive	3458 (99.7)	1777 (99.7)	
Dead	10 (0.3)	5 (0.3)	

Cervical carcinoma

	2018-2019 (N=1085) N (%)	2020 (N=449) N (%)	P-value[A]
Time to first treatment			**<0.001**
Median, in days [Q1,Q3]	37.0 [26.0, 54.0]	32.0 [22.0,50.0]	
Missing	83 (7.6)	14 (3.1)	
Treatment within 42 days	595 (54.8)	291 (64.8)	**0.007**
Yes	407 (37.5)	144 (32.1)	
No	83 (7.6)	14 (3.1)	
Missing			
Length of hospital stay			0.064
Median [Q1,Q3]	2.00 [1.00,4.00]	2.00 [0,4.00]	
Missing	37 (3.4)	13 (2.9)	
Postoperative complications			0.201
No complication	850 (78.3)	367 (81.7)	
Complication			
Without re-intervention	203 (18.7)	67 (14.9)	
With re-intervention	32 (2.9)	15 (3.3)	
30-day-mortality			0.649
Alive	1085 (100,0)	448 (99.8)	
Dead	0 (0.0)	1 (0.2)	

DGOA: surgical volume, time to first treatment (TTFT), length of hospital stay (LOHS), postoperative complications and 30-day mortality. Four periods were identified in 2020 based on incidence of COVID-19 infections in The Netherlands: 'Pre-COVID-19', 'First wave', 'Interim period' and 'Second wave'. Using descriptive statistics, results from 2020 were compared with the same four periods of 2018-2019 combined.



Abstract 446 Figure 1 Surgical procedures for gynaecological malignancies per week in the Netherlands

Result(s)* A total of 12.447 surgical procedures were analysed. Analysing the four periods in 2020, compared to the average volumes of 2018-2019, the surgical volume for the four tumour types decreased during the first COVID-19 wave and interim period (figure 1). This was due to a decrease in surgical volume for cervical cancer only (17.2% in 2020), while volumes for ovarian, vulvar and endometrial cancer remaining stable. Moreover, during the interim period, only 51% of the expected cervical cancer procedures were performed. A significantly shorter median TTFT was observed in all four malignancies in 2020, compared to 2018-2019 (table 1). No differences in LOHS, postoperative complications and 30-day mortality were observed (table 1).

Conclusion* The COVID-19 pandemic clearly impacted gynaecological oncology healthcare in The Netherlands. During the first COVID-19 wave, surgical volume for gynaecological oncological procedures dropped considerably, mainly due to a substantial drop in surgical volume for cervical cancer. This is probably caused by the temporary interruption of the population screening program. During the COVID-19 pandemic, waiting time to start therapy was shorter. The quality of perioperative healthcare was not negatively impacted by the pandemic.