

Methodology at Northampton general hospital ,we determined the SoCs for early endometrial endometrioid cancer (EEC) and uterine sarcomas in accordance to BGCS guidelines. Then conducted an audit , examined the uterine cancer cases discussed in MDTs retrospectively over the period of nov 2020 to march 2021 .Cases which were reviewed are endometrial endometrioid cancer (FIGO stage 1) and cases of fibroid uterus discussed due to suspicion of uterine sarcomas. In total 63 EEC and 18 fibroid uterus cases were discussed in 21 MDT meetings over 5 months.

**Result(s)\*** Radiologically and histologically the cases were in concordance to the initial reporting thus not affecting the management decision of EEC . 20% of EEC and 38% of fibroid uterus cases were discussed more than once due to logistical issues. Of Fibroid uterus cases , 84% turned out to be benign and 15% malignancies.MDT discussion could not contribute to the sarcomas as radiologically degenerating fibroids vs sarcoma decision was inconclusive leading to standard laparotomy and debulking decision, after ruling out extra uterine disease.

**Conclusion\*** Recommendations drawn of this audit will now be implemented as- Each MDT will have a separate section as not for full discussion list. These cases will only be discussed if there is any doubt, any queries, or new information becomes available. Regular audit will be conducted of cases not discussed in relation to the appropriateness of patients receiving a SoC and their outcome on the following grounds-

Percentage of patients assigned to SoC compared to overall caseload to assess scope of streamlining. How is streamlining impacting on time for those patient cases which require discussion? What is the impact on total length of the MDT.

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### SURGICAL ONCOLOGY FOR NON-COVID-19 PATIENTS DURING THE PANDEMIC

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**Introduction/Background\*** The COVID-19 pandemic has turned the standard of care of medicine worldwide into a “public health emergency of international concern. “

Cancer patients are a unique population in that they are vulnerable to COVID-19, particularly if immunocompromised, and also, their oncologic outcome is based on the type and timing of the treatment.

**Methodology** A retrospective review comparing all surgical activities between the year before COVID-19 and the year after.

This study was conducted in the Surgical Oncology Department in Salah Azaiez Institute of Oncology, the reference cancer care center in Tunisia.

**Result(s)\*** In our center, we created a new surgical procedures team.

There was a significant reduction in the median daily breast surgery, superficial surgery, and ambulatory surgery (< 0,001). But not all operation types decreasing in frequency.

Three months after COVID -19, we selected patients for laparotomy and decreased our activity by 50%.

Starting from June 2020, we have increased our activity to exceed that of 2019. No increase in mortality or morbidity from treatment during COVID-19 for operated patients.

The total surgically consults volume decreased by 36,17% in the post-COVID-19 period, significantly reducing the median daily consult volume ( $p < 0.001$ ).

**Conclusion\*** In this new context, the decision for surgery is driven not only by what is best for the individual patient but also by the concern for transmitting COVID-19 to patients and health care workers.

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### THE IMPACT OF COVID-19 PANDEMIC ON GYNECOLOGICAL AND BREAST CANCER DETECTION RATE: A TERTIARY CENTER PERSPECTIVE

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**Introduction/Background\*** The aim of the present study was to assess the impact of postponed screening examinations and lockdown measures on gynecological and breast cancer detection rate throughout the year 2020 in a gynecological oncological center in Austria.

**Methodology** Data of 889 patients with either newly diagnosed gynecological or breast cancer between January 2019 and December 2020 were collected. Clinical parameters including symptoms, performance status, comorbidities and referral status were compared in patients, who were newly diagnosed with cancer in the period of the first lockdown from March 2020 – April 2020 and the second lockdown from November 2020 – December 2020 and compared to the same period in 2019.

**Result(s)\*** Our results showed a strong decline in newly diagnosed cancers during the lockdown periods: -45% in gynecological cancer and -52% in breast cancer compared to the same period in 2019. Compared to the analogue period of 2019, breast cancer patients reported significantly more tumor-associated symptoms (55% versus 31%,  $p = 0.013$ ) during and in between (48% versus 32%,  $p = 0.022$ ) the lockdowns. During the lockdown periods breast cancer patients were diagnosed with a significantly higher tumor-stage (T2-T4;  $p = 0.047$ ).

**Conclusion\*** Both lockdowns led to a strong decrease in newly diagnosed gynecological and breast cancers. Treatment delays in potentially curable disease could lead to inferior clinical outcomes, with the risk of missing the optimal treatment window. As the COVID-19 pandemic will be a challenge for some time to come, new strategies in patient care are needed to optimize cancer screening and management during the pandemic.

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### INTENT OF TREATMENT IN MAJOR GYNAE-ONCOLOGY SURGERY – A QUALITY IMPROVEMENT PROJECT IN A TERTIARY TEACHING HOSPITAL

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