1056 LIVE SURGICAL BROADCAST AND PATIENT OUTCOME – 10 YEARS OF EXPERIENCE FROM THE INTERNATIONAL CHARITÉ MAYO CONFERENCES 2010–2019

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Introduction/Background* The international Charité MAYO Conference aims at promoting international dialogue on diagnostics, management, scientific breakthroughs and state-of-the-art surgical procedures in gynecology and gynecological oncology. Live surgeries are a fundamental tool of interdisciplinary and international exchange of experts in their respective fields. There is a controversy about the usefulness, risks and safety of live-surgical broadcasts. The aim of the current study is to analyse perioperative risks and oncological outcomes in patients who underwent live-surgery during the Charité MAYO Conferences.

Methodology Live-surgeries were performed by the core Charité team consisting of gynecologic oncologic surgeons, partly in collaboration with visiting gynecologic oncological surgeons. We performed a retrospective analysis of all live-surgeries performed during seven Charité MAYO Conferences from 2010 to 2019 held in Berlin, Germany.

Result(s)* In total, 69 patients underwent live-surgeries. 13 patients received urogynecological procedures, 21 patients underwent surgery on the breast and 35 patients underwent surgery due to gynecological cancer such as ovarian, uterine, vulvar or cervical cancer. Perioperative complications were classified according to the Clavien-Dindo classification. The rate of perioperative complications, macroscopic tumor resection and oncological outcomes were within the range published in the literature.

Conclusion* Based on our analysis live-surgeries were safe to perform in terms of multidisciplinary approach, perioperative complications and oncological outcome. With this, we established specific recommendations for performing live-surgeries.

1097 STANDARDIZING THE HIPEC PROCEDURE AND PERIOPERATIVE CARE FOR PATIENTS WITH OVARIAN CANCER IN THE NETHERLANDS USING A CONSENSUS-BASED DELPHI APPROACH

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Introduction/Background* Based on the results of the randomized controlled OVHIPEC-1 trial, Hyperthermic Intraperitoneal Chemotherapy (HIPEC) with cisplatin has been incorporated in Dutch evidence based guidelines and is considered routine treatment in patients with stage III epithelial ovarian cancer following complete or optimal interval cytoreductive surgery (CRS). Differences in patient selection criteria, technical aspects and perioperative management exist between the ten Dutch centers that perform HIPEC for ovarian cancer. As part of an implementation process, we aim to standardize these important aspects using a consensus-based Delphi approach.

Methodology This consensus study comprised a two-phase modified Delphi approach involving 40 experts with experience in performing the HIPEC procedure for ovarian cancer (gynecological oncologists, medical oncologists, oncological surgeons and anesthesiologists). Key aspects of HIPEC were identified in panel discussions. Next, the expert panel completed a survey consisting of various statements and questions about these aspects. During a subsequent consensus meeting, survey outcomes were discussed considering the available scientific evidence. Consensus was defined as $\geq$75% agreement on a statement or question. Statements with <75% agreement were adjusted based on feedback from the panel members. Level of agreement with the revised items is currently determined in a second survey.

Result(s)* In the first round, the response rate was 98% and consensus was seen for 45% of statements and questions. Highest agreement was present for selected statements on CRS and postoperative care. For those statements consensus was reached, agreement varied from 78-100% (statements on CRS) and 78-95% (statements on postoperative care). Items on patient selection, setting the indication, preoperative workup, and technical aspects of HIPEC required more panel discussion and revision. Results of the second round will be available by July 2021.

Conclusion* A Dutch expert panel reached substantial agreement on a number of statements regarding HIPEC for ovarian cancer. Lack of consensus was generally associated with absence of robust scientific evidence. The results of this consensus study can help to align treatment protocols and minimize practice variation. These efforts will ensure optimal and safe introduction of HIPEC in the Netherlands, result in a safe treatment for all eligible patients and may guide the research agenda on HIPEC for ovarian cancer.

1117 INFLUENCE OF COVID-19 PANDEMIC ON STAGING OF OVARIAN CANCER – EXPERIENCE OF CERTIFIED ADVANCED OVARIAN CANCER SURGERY CENTER

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Introduction/Background* COVID-19 pandemic restrictions caused a limitation in healthcare services availability. This could lead to the delay in diagnosis and onset of the treatment. Ovarian cancer (OC) is frequently detected in advanced stage due to its asymptomatic development. The study aimed to determine whether the incidence and staging of OC were influenced by COVID-19 pandemic in the certified advanced ovarian cancer surgery center.

Methodology The study consisted of 77 patients with primary ovarian cancer admitted to the University Oncology Center in Białystok, Poland between march 2019 and march 2021. We

divided patients into two groups, first one diagnosed prior to the pandemic (before march 2020), and the second – diagnosed during pandemic-associated restrictions period. Both groups were compared according to FIGO (International Federation of Gynaecology and Obstetrics) staging and presence of symptoms (hydrothorax and ascites). Statistical analysis was performed with logistic regression analysis. Statistical significance level was set at 0,05.

Result(s)* Before the pandemic, 47 patients were admitted with a median age of 61. During the pandemic, there were 30 newly diagnosed patients with a median age of 59. In both groups the most common type of cancer was high grade serous adenocarcinoma (61,7% and 60,0%, respectively). Patients with an advanced OC (FIGO stage III and IV) accounted for 57,4% in the pre-pandemic group, while in the second group patients with advanced cancer accounted for 66,7%. Although the percentage was higher in the second group, the logistic regression analysis did not confirm the impact of pandemic on more frequent occurrence of FIGO III (p=0,17) and IV (p=0,81) diagnosis. Ascites was found in 29,8% of patients before and 30% during pandemic. Hydrothorax was observed in 14,9% of patients in the first group and 26,7% in the second one. Logistic regression analysis revealed no influence of pandemic on percentage of symptomatic patients (p=0,91 for ascites and p=0,18 for hydrothorax).

Conclusion* The number of newly diagnosed OC patients was lower during the pandemic than in the preceding year. Without regard to healthcare availability, OC remains the disease which is diagnosed in the advanced stage.

1135 WHY GYNAE-ONCOLOGY? DETERMINING THE PREFERENCES OF IRISH TRAINEES IN BECOMING A GYNAE-ONCOLOGIST

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Introduction/Background* There are currently 156 Obstetric & Gynaecology (O&G) trainees in Ireland. Fourteen (8%) of whom have expressed an interest in undertaking subspecialist training to pursue a career in Gynaecological Oncology (GO). The training pathway in Ireland is currently eight years before there is an opportunity to subspecialise and there are less than 10 Gynaecological Oncology Specialist Registrar (SpR) rotational positions per year on the national training scheme. This provides a challenge for Irish trainees who wish to gain exposure to Gynaecological Oncology from an early stage in their career.

Methodology We wished to assess the current opinions/preferences of trainees who had commenced or wished to commence subspecialist training in GO. A SurveyMonkey was distributed to this cohort and responses received anonymously. Particular focus was placed on the trainees preferred structure of fellowship training and subsequently on what they felt would be their preferred structure of Consultant job specification once qualified.

Result(s)* Of the 14 respondents, 15% were training at GO fellowship level, 45% were at SpR level and 40% were Basic Specialist Trainees (<3 years training in O&G). There were a number of reasons for trainees being interested in pursuing a career in GO. 100% became interested due to the surgical procedures involved, 60% found the disease conditions interesting and 42% of trainees felt GO was 'the best way of receiving high volume surgical training in O&G'.

Regarding research, all trainees wish to undertake formal research with 40% wishing to complete an MD and 30% a PhD. Formally recognised training was felt essential with 50% feeling that ESGO was their preferred accreditation. Regarding duration, 50% felt a two year fellowship should be sufficient for gaining clinical experience. Only 25% of trainees wished to train less than full time.

Need for more surgical training workshops and increased dedicated Gynaecological training time at SpR level in order to obtain experience at an earlier stage in their career trajectory was highlighted.

Conclusion* This small cohort study highlights the challenges faced by Irish trainees who wish to become Gynaecological Oncologists. Nationally there is already progress on increasing simulation training, development of mentoring and more accredited training positions.

Ovarian cancer

1 ANALYSIS OF PATIENTS WHO DERIVED EXCEPTIONAL BENEFIT FROM RUCAPARIB MAINTENANCE TREATMENT FOR HIGH-GRADE OVARIAN CANCER IN THE PHASE 3 ARIEL3 STUDY

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Introduction/Background* ARIEL3 is a placebo-controlled randomized trial of the PARP inhibitor rucaparib as maintenance treatment in high-grade ovarian cancer (HGOC) patients who responded to the latest line of platinum therapy (NCT01968213). Rucaparib improved progression-free survival (PFS) across all predefined subgroups. Here, we present an exploratory analysis of characteristics associated with exceptional benefit from rucaparib.

Methodology Between 7 April 2014, and 19 July 2016, 564 patients were randomized 2:1 to rucaparib 600 mg BID or placebo. As of 31 December 2019 (data cutoff), 33/375 (9%) and 1/189 (0.5%) patients were still ongoing and receiving rucaparib or placebo. Molecular features (genomic alterations