

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.

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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

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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