

P: median for N 8.3 vs. for P 7.2 mo; hazard ratio (HR) adjusted for stratification factors 1.03; 95% confidence interval (CI), [0.71 to 1.48]; $p=0.879$. Median overall survival (85 events) for N 20 vs. for P 22 mo; HR: 1.10; CI: 0.72–1.69; $p=0.665$. Treatment-emerged grade 3–4 adverse events were higher in N vs P arm: liver function tests 13%/0%; diarrhea 12%/6%; neutropenia 21%/14%; asthenia 4%/1%. Patient-reported outcomes will be reported.

Conclusion* Addition of nintedanib to chemotherapy did not improve PFS nor OS. This regimen cannot be recommended to undergo further testing in a phase III trial.

Miscellaneous

1123 NEGATIVE PRESSURE THERAPY IN THE PREVENTION OF SURGICAL WOUND COMPLICATIONS IN BREAST ONCOPLASTIC SURGERY. A PROSPECTIVE RANDOMIZED STUDY

¹A Cañadas Molina, ²MJ Pla*. ¹Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain; ²Bellvitge University Hospital, L'Hospitalet de Llobregat, Spain

10.1136/ijgc-2021-ESGO.657

Introduction/Background* Surgical wound complications in breast oncoplastic surgery can compromise the final aesthetic results as well as delay the onset of adjuvant treatment. The aim of our study is to determine whether negative pressure therapy, applied preventively, can reduce the incidence and severity of these complications.

Methodology A randomized prospective study has been designed. In it, patients have been randomized to 2 treatment groups: the first of them, consisting of placement of a negative pressure dressing (PICO 7Y[®]), after surgical intervention and, the second one, consisting of the placement of a conventional dressing. The study has been approved by the Clinical Research Ethics Committee. The target population are all those patients who are candidates for oncoplastic surgery. After surgery, 4 follow-up visits have been carried out, at 7, at 15, at 21 and at 120 days, respectively. In all visits, the incidence and severity of complications have been recorded, as well as measurement of skin characteristics by Mexameter[®] and evaluation of the aesthetic results and experience of the patients through the Breast-Q form. The start of recruitment took place in January 2021. The analysis of the data has been carried out by intention to process. The level of statistical significance has been set at $p<0.005$.

Result(s)* At present, 26 women are included in the study (12 PICO[®] and 14 controls). The mean overall age was 56.85 (95% CI 53.14–60.56), with no significant differences in both arms ($p=0.0641$). Both groups have been found to be homogeneous in the rest of the variables that can interfere with the healing process. The most frequent surgical site complication has been hematoma in both groups, with no significant differences found when comparing the incidences ($p=0.239$). The mean time to adjuvant treatment from surgery was 48.1 (range: 28–72) days, being in the PICO group 37.3 (28–49) days and in the control group 54.3 (34–72) days ($p=0.096$).

Conclusion* Despite not finding statistically significant differences in our study, negative pressure therapy applied preventively shows a tendency to present a lower rate of complications and a shorter time interval at the onset of adjuvant therapy.

1186 CHANGES IN SURVEILLANCE OF PATIENTS WITH GYNECOLOGICAL CANCER DURING COVID-19 PANDEMIC

¹M Gracia*, ¹M Carbonell, ¹MD Diestro, ¹Y Pérez, ¹V García, ¹J Siegrist Ridruejo, ¹S Garrido, ¹I Zapardiel, ²J Marcos Sanmartín, ³CA Lopez-Manzanara, ⁴E López, ⁵J Gilabert-Estelles, ¹A Hernández. ¹La Paz University Hospital, Madrid, Spain; ²General University Hospital of Alicante, Alacant, Spain; ³Hospital General Universitario de Ciudad Real, Ciudad Real, Spain; ⁴Hospital Universitario Juan Ramón Jiménez, Huelva, Spain; ⁵Consorci Hospital General Universitari de València, València, Spain

10.1136/ijgc-2021-ESGO.658

Introduction/Background* The impact of the COVID-19 pandemic on Spanish hospitals over the past year has forced healthcare institutions to make drastic changes in the management of oncology patients. The main objective of this study is to describe the changes in ambulatory attendance of patients with gynecological cancer and the ease of contact with the gynaecological oncology section reported by users.

Methodology The GineonCoVID study is a multicenter Spanish study that collect data from a national survey. The anonymous survey consists of 23 questions regarding the personal experience of the patient and modifications in health care during follow up of patient with gynecological malignancies from April to May 2021. The survey has been divided into 3 sections. In this sub-analysis, questions regarding follow-up modifications and the perspective of the patients with gynecological cancer about changes were analyzed.

Result(s)* 376 patients responded to the survey. The median age was 58 years. 43% of the patients were diagnosed with endometrial cancer, 27.3% with ovarian cancer and 24.1% with cervical cancer. 85% of the patients had an appointment that was delayed by the pandemic. 67.7% considered that the situation justified the delay of the appointment. 93.3% who contacted the gynecological oncology unit were able to solve the problem by telephone. Upon entering the consultation, 41.3% were questioned about COVID symptoms or contacts. 97.6% considered that adequate measures were taken to avoid contagion during the medical visit. Regarding how they would value the care received (scale of 1–10), 2.2% scored it with a 7; 6.7% with 8; 23.2% with 9 and 67.7% with 10.

Conclusion* The COVID-19 pandemic and the redistribution of health system resources have forced the development of variations in the assistance and follow-up patients with gynecological cancer in order to decrease the number of hospital visits and minimize the risk of infection. Telephone consultations and delay in routine tests were very useful tools during this period without compromising the quality of care.

1187 IMPACT OF COVID-19 PANDEMIC ON GYNECOLOGICAL CANCER HEALTHCARE: PATIENT'S PERSPECTIVE

¹M Carbonell, ¹M Gracia*, ¹MD Diestro, ¹V García, ¹Y Pérez, ¹I Zapardiel, ¹S Garrido, ¹J Siegrist Ridruejo, ²A Gomez, ³O Arencibia Sanchez, ¹A Hernández. ¹La Paz University Hospital, Madrid, Spain; ²Hospital General De Segovia, Segovia, Spain; ³Maternal and child Hospital, Jandia, Spain

10.1136/ijgc-2021-ESGO.659

Introduction/Background* COVID -19 pandemic has shown a huge impact in health-care systems. In the field of gynecological oncology, we had to postpone routine tests and check-