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

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

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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.

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

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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 gynecological 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.

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

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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-

ups, as well as attend patients that had undergone an oncological process via telephone. Due to their vulnerability, the psychological impact on this patient has been even worse than on other users of the health system. The aim in this study is to evaluate the concerns, global health status and quality of life of patients with gynecological cancer during the pandemic.

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 the results of the questions related to anxiety, concerns, quality of life and state of mind of the interviewed patients will be evaluated.

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. 39.6% and 33.6% of patients suffered anxiety and depression respectively during the pandemic. 81% of the patients report having a good quality of life during the last year. Results showed that 54.2% of the respondents are not concerns about viral infection and 67.9% consider that the risk of being infected during follow-up is low. 94% do not perceive changes in follow up, but if they do, 44% believe that clinical health care has experienced a change. 71.4% of the patients are concern about not being able to attend clinical visits.

Conclusion* The pandemic could increase anxiety and depression, although it does not appear to worsen the quality of life in patients with gynecological cancer. More than half of the patients consider that they have a low risk of being infected during follow-up but are concerned about not being able to attend clinical visits due to the pandemic.

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IMPACT OF COVID-19 PANDEMIC ON GYNECOLOGICAL CANCER MANAGEMENT: NATIONAL SURVEY. GINEONCOVIDSURG STUDY

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Introduction/Background* The current COVID 19 pandemic is having a major impact on healthcare systems around the world. Modifications in health resources have been necessary to face this new situation, which have had a direct impact on clinical practice, also affecting the field of gynecology oncology. To date, the evidence of the changes that COVID-19 has implied in the management of patients with gynecological cancer is scarce.

The objective of this study is to evaluate the impact of the COVID-19 pandemic on the management of patients with gynecological cancer by a nationwide survey to oncogynecologists.

Methodology Observational study that collects data from a national survey sent via email to Spanish oncogynecological surgeons on June 2021. The survey included a total of 35 questions which were divided into 6 sections including assessment of the personal characteristics of responders, questions related to the triage procedures and protective measures adopted in the hospital against COVID-19 and questions

related to changes in the management of ovarian, endometrial and cervical cancer after COVID-19 outbreak.

Result(s)* Overall, 75 participants completed the questionnaire. The results showed that 85% of gynecologic surgeons were not concerned about COVID-19 outbreak and 79.7% of the participants stated that COVID-19 has not significantly modified their everyday practice. All surgeons declared triage method adopted in order to minimise COVID 19 diffusion. 87.5% did not modify surgical approach, although 6.9% decreased laparoscopic use in favor of laparotomic surgery. Only 45.1% of the surgeons adopted specific protection against COVID-19 in robotic or laparoscopic surgery, however 55.6% of the participants adopted it in open surgery. The use of neoadjuvant chemotherapy increased in 31.9% in favor of primary cytoreduction in ovarian cancer. 11.3% and 15.5% of patient with cervical and endometrial cancer respectively suffered a delay in cancer treatment during the pandemic.

Conclusion* The conclusions of the study showed how the COVID-19 pandemic has influenced the surgical management of patients with gynecological cancer in different Spanish hospitals.

Ovarian cancer

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RESULTS OF THE AVOIDING LATE DIAGNOSIS OF OVARIAN CANCER (ALDO) PROJECT; A PILOT NATIONAL SURVEILLANCE PROGRAM FOR BRCA MUTATION-CARRIERS

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Introduction/Background* Ovarian cancer (OC) in BRCA mutation-carriers is typically diagnosed clinically at $\geq$ stage 3c, with consequent poor prognosis. Risk-reducing salpingo-oophorectomy (RRSO) is recommended for BRCA mutation-carriers as the only proven method of OC prevention. Women who defer RRSO to permit child-bearing/prevent premature menopause would benefit from surveillance which can downstage OC occurring prior to RRSO. We wanted to establish the 'real world' performance of OC surveillance which we have previously shown downstages OC in clinical trials.

Methodology 875 female BRCA mutation-carriers were recruited at 13 UK centres and via a media campaign and underwent 4-monthly surveillance with the Risk of Ovarian Cancer Algorithm (ROCA) blood test. They had a 6 week repeat test if their ROCA score was >1 in 1000, and a transvaginal scan (TVS) in addition, if their risk was >1 in 500. Women with a score >1 in 33 or those with concerning TVS were referred to a rapid access clinic to rule out OC. RRSO was encouraged throughout the program. Participants were followed via questionnaires, notification by centres/GPs and direct contact. Surveillance performance was calculated after censoring 4 months after prior screen, with modelling of occult cancers detected at RRSO. Incremental cost-effectiveness was calculated using a Markov population cohort simulation.