

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.

Result(s)* 8 OCs occurred during 1277 women screen years; 2 occult OCs at RRSO (both stage 1a), 6 screen-detected OCs (3 prevalent; stage 2a, 3a and 3c, 3 incident; stage 1a, 3b and 4b). 4 of 6 (67%) screen-detected OCs were diagnosed at stages <3c. 7 of 8 (87.5%) screen-detected cancers were completely cytoreduced. There were no interval cancers. Modelled sensitivity, specificity, PPV and NPV for OC were 87.5% (CI, 47.3–99.7), 99.9%(99.9–100), 75%(34.9–96.8) and 99.9% (99.9–100) respectively. Economic modelling indicated that surveillance would be cost-saving within the UK National Health Service.

Conclusion* OC surveillance for women declining RRSO in a 'real-world' setting is feasible and equally effective as in research trials, resulting in successful downstaging with likely clinical benefit and healthcare cost savings. Whilst RRSO remains the recommended management for BRCA-carriers, ROCA-based surveillance is a viable interim option for those who defer such surgery.

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PREOPERATIVE FDG PET/CT VS CECT IN ADVANCED OVARIAN CANCER

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Introduction/Background* Ovarian cancer is the leading cause of death from gynecologic cancer in the developed countries. (1)

Multimodality imaging approach with ultrasound, CT, MRI or PET/CT is often needed during the diagnosis and prior to the treatment. In AOC, a lot of studies have been done in order to demonstrate a better accuracy in staging advanced disease. Some studies showed PET/CT to be more accurate than traditional CT and MRI imaging, detecting LN metastases, extraabdominal disease and assessing equivocal findings in conventional imaging. (2–6)

Besides, a greater number of distant metastases will be found when using PET/CT as preoperative staging tool and many patients will be upgraded. (7–9).

The aim of this study was to compare the efficacy between preoperative PET/CT and ceCT findings according with the final pathology report in patients that underwent surgery for EOC treatment.

Methodology The study is a retrospective unicentric national observational study reviewing data of patients diagnosed with epithelial ovarian cancer that were operated as part of the treatment between July 2018 and February 2021, both included. PET/CT with ceCT started to be used routinely at hour hospital in 2018 for EOC patients. At our institution, the PET/CT is independently evaluated by two imaging specialists: a nuclear medicine doctor (PET-CT) and an expert radiologist in gyn malignancies who evaluate only the CT images.

Result(s)* 56 patients were included in the final analysis. Sensitivity and specificity for PET/CT and CT were: 85% and 94.3% vs 80% and 94.3% in the ovarie; 38.1% and 91.2% vs 23.8% and 97.1% in the rectum; 50% and 86.7% vs 30% and 95.6% in the pelvic nodes; 33.3% and 97.1% vs 33.3%

and 97.1% in the diaphragm; and 25% and 97.7% vs 25% and 100% in the small bowel mesentery.

When calculating PCI and comparing it to the surgery PCI, PET/CT showed a better intraclass correlation coefficient (0.856) than CeCT (0.751).

Conclusion* Both techniques showed a poor sensitivity and a very good specificity when comparing findings to surgery in the different anatomical places. However, when estimating PCI before surgery, PET/CT showed a better correlation with surgery than CeCT.

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OVA-LEAK: PROGNOSTIC SCORE FOR COLO-RECTAL ANASTOMOTIC LEAKAGE IN PATIENTS UNDERGOING OVARIAN CANCER SURGERY

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Introduction/Background* In advanced ovarian cancer surgery, there is rather limited published evidence, drawn from a small sample, providing information about risk factors for anastomotic leak.

Methodology In our previous work, Twelve pre-/intraoperative variables were analysed as potential independent risk factors for anastomotic leak. A predictive model was created to establish the risk of anastomotic leak for a given patient.

Result(s)* The validation of our proposed predictive model will emerge from the collaborative research performed by 12 centers: 6 from Spain, 2 from United Kingdom, 1 from Italy, 1 from France and 2 from Germany.

Conclusion* Due to the low incidence of AL in ovarian cancer patients, a restrictive stoma policy based on the presence of risk factors should be the actual recommendation. The AL risk for each patient can be predicted by our multivariate model.

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CHARACTERISTICS OF BRAIN METASTASIS IN OVARIAN CANCER PATIENTS

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Introduction/Background* Brain metastasis (BM) are uncommon among ovarian cancer (OC) patients. Their frequency, risk factors and clinical repercussions are not well described. We assessed OC patients who developed BM, the role of BRCA status and survival implications.

Methodology We retrospectively evaluated 927 consecutive OC patients treated at our center in 2002–2020.

Result(s)* 28/927(2.9%) were diagnosed with BM and compared to non-BM cohort. Median age was 60 in both groups, stage III-IV at diagnosis was more common among BM group (96.4% vs. 84.8%, p=0.0065) while platinum sensitivity was similar(92.3% in BM vs. 80.8% in non-BM, p=0.2193). 658 patients tested for BRCA, 33.6%(n=221) were mutation carriers(BRCA+). Of the patients with BM, 13/22 tested were carriers. BRCA+ was significantly higher in the BM group (59.1% vs. 32.9%, p=0.0123). The rate of BM was higher in the BRCA+ compared to BRCA- group(5.8% vs. 2.1%,