Two - related sample rate test (McNemar test), McNemar Statistics, 18.24, The $P < 0.0001$, Kappa = 0.37, 95% CI (0.20, 0.54), The detection rates differ between the two detection methods too.

Conclusions Magnetic resonance has low sensitivity to lymph node transfer determination, high specificity, high positive and negative prediction value, which can be used as a preoperative routine examination, but by magnetic resonance examination alone, to judge whether there is lymph node transfer that is prone to leakage diagnosis, more effective testing methods are needed to assist in the diagnosis.

EPV165/#137

GYNECOLOGIC CANCER APPOINTMENT ATTENDANCE DURING THE COVID-19 PANDEMIC

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10.1136/ijgc-2021-IGCS.235

Objectives The COVID-19 pandemic has significantly disrupted medical care. The purpose of this analysis was to determine the impact of the pandemic on gynecologic cancer appointment adherence.

Methods All appointments scheduled at an academic gynecologic oncology center from March 2019 to January 2021 were included. Appointments were stratified into two groups - pre-pandemic (March '19 to January '20) and pandemic (March '20 to January '21). Appointments were determined 'missed' if the patient did not show or cancelled. A multivariable logistic regression was performed to determine the odds ratio (OR) of appointment adherence during the pandemic.

Results 31,803 appointments were scheduled during the study period (15,834 (49.8%) pre-pandemic and 15,969 (50.2%) during the pandemic). There were significantly more appointments missed during the pandemic than pre-pandemic - 7266 (45.5%) vs. 6131 (38.7%); $p < .0001$. The adjusted odds of missing an appointment were significantly higher during the pandemic (OR 1.43 [95% CI 1.36 to 1.51]; $p < 0.0001$). There were more return visits missed during the pandemic than before - 6696 (47.0%) vs 5341 (39.5%); $p < 0.0001$. New-patient visit adherence was unchanged. Race, ethnicity, and income were not associated with missed appointments.

Abstract EPV165/#137 Figure 1 Line graph of percent-attendance by month stratified by pre-pandemic and during-pandemic

Abstract EPV165/#137 Table 1 Attendance by month stratified by pre-pandemic and during-pandemic

Month	Year Prior (%)	Pandemic (%)	p-value
March	58.82	42.23	<.0001
April	57.24	34.36	<.0001
May	63.56	45.84	<.0001
June	61.01	56.15	0.0074
July	63.56	57.94	0.0014
August	61.09	58.97	0.2423
September	63.21	63.25	0.9827
October	61.71	62.23	0.7703
November	62.72	64.38	0.3739
December	59.65	57.57	0.2601
January	61.5	58.17	0.0649

Conclusions There were increased odds of missing an appointment during the pandemic than during the year prior. This association was mostly explained by return visits as new patient visit adherence was not impacted by the pandemic. Initiatives should be undertaken to determine the effects of pandemic-induced appointment nonadherence.

EPV166/#226

GYNECOLOGICAL CANCER SURGERIES IN TERTIARY CARE HOSPITAL OF PAKISTAN IN THE ERA OF COVID-19 PANDEMIC

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10.1136/ijgc-2021-IGCS.236

Objectives COVID-19 pandemic has affected the systems in all hospitals and non-essential elective surgeries were deferred. In this retrospective study we have evaluated results and complications of gynaecological cancer surgeries in a tertiary care hospital during the first 9 months of covid pandemic in our country.

Methods We retrospectively analyzed the medical charts of patients who underwent these surgeries from March-December, 2020.

Results The study included 116 patients, 48 endometrial, 50 ovarian, 14 cervical and 4 vulval & vaginal cancers. Majority of cancers were early stage (64%). The median age was 58 years (range 22–85 years). Surgical approach was laparotomy in 77.6% including 48% complex surgeries. Based on the BGCS framework for prioritization of these surgeries, most of our surgeries belong to priority level 2 (89%) and 3 (11%). COVID verbal screening (by a questionnaire) was done in 90% of patients starting in Mid-March. Formal COVID testing by PCR for all pre-operative patients was commenced in April and hence 89 (77%) of all patients underwent this testing. Only 2 patients were found COVID positive and the surgery was deferred for 4 weeks. Complications based on Clavien-Dindo grade 1, grade 4a and grade 5 were observed in 4 patients. Median hospital stay was 5 days. Out of 12 patients with clinical suspicion of COVID within 30 days of surgery 3 were found to be covid positive, including one requiring ICU admission.

Conclusions The results show that with adequate preventive measures cancer surgeries can be performed with low risk of severe complications and post-surgical COVID positivity.

EPV167/#371

E-LEARNING IN GYNECOLOGIC ONCOLOGY: A NEW APPROACH FOR MEDICAL STUDENTS DURING COVID 19 PANDEMIC

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10.1136/ijgc-2021-IGCS.237

Objectives Since the worldwide spread of Covid 19 pandemic, medical education is affected. To ensure the integrity and the continuity of medical education e-learning has been adopted.

Methods To evaluate the efficiency of e-learning in gynecologic oncology education in time of Covid 19 pandemic, we do a comparative study including 30 undergraduate medical students. Half of them received traditional learning about four gynecologic cancer (endometrial, ovarian, cervical and breast cancers), the others received an e-learning education for the same chapters. Clinical knowledge was evaluated before and after getting the courses in the two groups.

Results There wasn't a significant differences comparing the two groups evaluations. Before getting the endometrial cancer course, 74% of e-learning group students (first group) have less than the average score (5/10), versus 68% in the groupe of traditional learning (the second group). By receiving the course, the rate of good response (more than 5/10) increases respectively to 92 and 94%. Similar rates were reported for the other delivered chapters.

Conclusions Based on the non significant differences between results of the two learning methods, e-learning is a efficient tool to provide gynecologic oncology education in time of Covid 19 pandemic. More studies are needed to evaluate the implementation and the student's adherence to this educational process.

EPV168/#474

MEDICAL CARE OF PATIENTS WITH GYNECOLOGIC CANCER DURING THE COVID-19 PANDEMIC: EXPERIENCE OF A CANCER CENTER IN BRAZIL

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10.1136/ijgc-2021-IGCS.238

Objectives The objective is to assess the impact of COVID-19 pandemic on the care of gynecologic oncology patients.

Methods This is a retrospective cohort study of all gynecology oncology new patients treated at Brasilia's University Hospital - Brazil. We compared to periods: pre-COVID-19 (March 2019 to February 2020) and during COVID-19 pandemic (March 2020 to February 2021).

Results There was a 53% reduction in patients with gynecological cancer undergoing treatment at our hospital. The total of surgeries performed was 40 pre and 18 during the pandemic period, a reduction in the surgical volume by 55%. The most operated tumor in the pre-pandemic period was cervix and during was an equal number of surgeries for cervix, endometrial and ovarian cancer. Admissions for chemotherapy or radiotherapy also decreased by 52%. A total of 78 patients underwent cancer treatment before and 37 during the pandemic. The most frequently treated tumor is cervical cancer, with 53 cases in the pre and 26 during the pandemic, followed by ovarian cancer with 14 cases before and only two during the same period. The median waiting time between diagnosis and surgery was 4.44 days longer during the pandemic, as well as the median time to start chemo and radiotherapy was also longer during the pandemic period.

Conclusions We observed a significant decrease in the number of gynecological cancer patients undergoing treatment during the COVID-19 pandemic. Our results will help health professionals to understand the indirect consequences of the pandemic and the role of women's health care services in minimizing these consequences.

EPV169/#639

ANXIETY AND DEPRESSION IN BREAST CANCER PATIENTS DURING COVID-19 PANDEMIC IN TUNISIA

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10.1136/ijgc-2021-IGCS.239

Objectives The COVID-19 pandemic has generated global mental health crisis. It has resulted in new sources of anxiety and depression among breast cancer patients. This study aimed to evaluate the anxiety and depression in Tunisian breast cancer patients.

Methods We conducted an observational study between January and May 2021 during the COVID-19 pandemic. Symptoms of anxiety and depression in cancer patients were screened using the Hospital Anxiety and Depression Scale (HADS). We present preliminary results of a large study. Twenty patients replied to this survey until now.

Results Mean age of interviewed patients was 47 years [30–67 years]. Eleven patients (55%) had metastatic disease. We reported 14 complete/partial responses (70%), 3 stable diseases (15%) and 3 progressive diseases (15%). About marital status, 14 (70%) were married, 2 (10%) divorced, 41(5%) widowed and 3 (15%) were single. Five women (25%) wanted to see a psychiatrist. The incidence of depression was 35% (7/20). Six patients (86%) had mild depression and one patient (14%) moderate depression. The incidence of anxiety was 25% (5/20). of those patients, 3 (60%) were experiencing mild anxiety, one patient (20%) moderate anxiety and one (20%) severe anxiety. There were no correlations between anxiety or depression and age, educational or socioeconomic level, marital status, breast cancer stage and treatment delays during COVID.

Conclusions This study showed high rates of depression and anxiety during the COVID-19 pandemic. A psychological care should be offered to breast cancer patients.