2022-RA-871-ESGO RETROSPECTIVE ANALYSIS OF PATIENTS WITH LEIOMYOSARCOMA IN A TERTIARY HOSPITAL AND COMPARATIVE BETWEEN INCIDENTAL AND SUSPECTED DIAGNOSIS

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Introduction/Background Uterine leiomyosarcoma (LMS) is a rare uterine malignancy tumor originated from smooth uterine muscle. Compared with other types of uterine cancers, LMS is an aggressive tumor associated with a high risk of recurrence and death. Most cases are diagnosis incidentally after a surgery for presumed benign uterine leiomyoma. Sometimes patients may describe symptoms as vaginal bleeding or abdominal pressure due to a rapid uterine growth. The goal of this study is to determinate the clinical features in patients with LMS and the influence of type of diagnosis, comparing unexpected versus suspected LMS.

Methodology Retrospective observational study of patients diagnosed with LMS in the Gregorio Marañon Hospital (1985 – 2021). A comparation between groups of incidental and suspected diagnosis was performed.

Abstract 2022-RA-871-ESGO Table 1 Analysis

	Overall	Incidental Diagnosis	Suspected Diagnosis	P value
n	52	23	29	
Age (years +/- SD)	52,6 +/- 11,8	46,3 +/- 7,8	57,6 +/- 10,8	< 0,01
Comorbidities (%)	38,5	21,74	51,72	0,03
Obesity	3,8	0,00	6,90	0,50
Diabetes	7,7	0,00	13,79	0,12
Hypertension	23,1	17,39	27,59	0,39
Late Stages (%)	27,7	18,2	36,0	0,17
Clinic at diagnosis (%)				
Vaginal Bleeding	34,6			
Rapid Growth of a Leiomyoma	11,5			
Pelvic mass	9,62			
Incidental	44,2			
Surgical treatment (%)	96,2	100,0	93,1	0,37
Laparotomy	88,2	91,3	85,7	0,81
Hysterectomy + double adnexectom	70,6	69,6	71,4	0,96
Simple hysterectomy	17,6	26,1	10,7	0,14
Cytoreduction	11,8	4,4	17,9	0,21
Pelvic lymphadenectomy	15,7	17,4	14,3	0,94
Complete resection (R0)	90,0	95,7	85,2	0,12
Adjuvant treatment (%)				
Neoadjuvant Chemotherapy	2,0	0,0	3,6	1,00
Adjuvant Chemotherapy	17,3	17,4	17,2	0,99
Adyuvant Radiotherapy	17,3	17,4	27,6	0,39
Recurrence (%)	55,8	43,5	65,5	0,31
Metastatic recurrence	48,1	39,1	55,2	0,25
Status last review				
Disease free	44,2	56,5	34,5	0,03
Disseminated disease	5,8	0,0	10,3	0,25
Deceased	48,1	43,5	51,7	0,55

Results Table 1 shows results. 52 patients have been diagnosed of LMS. In contrast with previous analysis, in our study less than 50% of the patients were incidentally diagnosed after a myomectomy or a hysterectomy for presumed benign pathology, meanwhile 55,8% were suspected after abnormal vaginal bleeding and/or rapid growth of a uterine leiomyoma. The age at diagnosis was significant lower in the group of incidental diagnosis and these patients were significant less associated with comorbidities. Most of the patients were diagnosed at early stages and almost all of them received surgical treatment but this percentage is higher when the diagnosis is unsuspected. This could explain the reason why those patients are associated with higher rates of complete resection, and lower needed of adjuvant treatment and recurrence. Although global risk of recurrence and death is high, as is has been descripted previously, our study shows a significant higher disease-free survival rate when diagnosis are unsuspected.

Conclusion LMS are aggressive uterine tumors leading to elevated rates of recurrence and death. The events leading to the diagnosis may influence the prognosis.

2022-RA-880-ESGO IMPACT OF COVID-19 ON WAITING TIMES IN THE GYNAECOLOGICAL CANCER PATIENT PATHWAY, A COMPARATIVE STUDY

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Introduction/Background We set out to quantify the effect of the COVID-19 pandemic on waiting times experienced by patients referred to a tertiary gynae-oncology service at Queen Alexandra Hospital, Portsmouth by comparing waiting times, before and during, the pandemic.

Methodology All gynaecological cancer diagnoses over two five-month periods 1/2/2019 – 30/6/2019 (the pre-Covid period), and during the initial pandemic period 1/2/2020 – 30/6/2020, (during Covid), were tracked from referral date onwards throughout the patient pathway, and waiting times (average number of days) compared. Patients receiving private care, with a diagnosis prior to formal referral or having chemo or radiotherapy prior to surgery were excluded.

Results There were 131 gynaecological cancer diagnoses in the pre-Covid period, and 87 during Covid. Waiting time from referral to see a specialist was 13.1 days pre-Covid, and 10.9 during Covid (p=0.08). Time from referral to imaging (CT/MRI) was similar between the two groups (29.0 vs 25.6 during Covid, p=0.36). Time from referral to diagnosis was significantly shorter during Covid (34.9 vs 23.7 days during Covid, p = 0.0017). 74 patients (pre-Covid) and 51 (during Covid) underwent surgery as their primary treatment. Waiting time from decision to treat to operation date was similar between the two groups (29.5 vs 24.2 days during Covid, p=0.13). Waiting time from initial referral to surgery was significantly shorter during the pandemic (55.5 vs 42.5 during Covid, p=0.001).

Conclusion Cancer diagnoses at this centre were a third less than the same time the previous year. Unlike benign gynaecological services, resourcing for gynae-oncology services remained consistent throughout the pandemic. The reduced patient volumes meant those in the pathway had improved care in the form of quicker diagnoses and surgery. These findings suggest that Covid-related challenges in the gynae-oncology care pathway were **pre-hospital**, possibly related to reduced presentations, GP access and or referrals.