CD68 and CD163 were highly significantly expressed in cancers compared with BOT (p<0.001 and 0.004 respectively). Similarly, stromal CD163 mean count and percentage were more abundant in malignant tumours (p=0.03 and 0.02). Mean stromal CD68 count and percentage correlated positively with mean CD163 stromal count and percentage (p=0.02). Risk of malignancy index was a significant predictor of ovarian cancer diagnosis (p=0.04). 15 cancer patients died of the disease. There was no significant association between TAM expression and patient survival.

Conclusion TAM subtypes analysis in ovarian neoplasia of young women confirms higher expression in malignant compared with borderline ovarian tumours. This might have implications on their pathogenesis and management.

**Abstracts**

**A NOVEL LAPAROSCOPIC APPROACH TO LARGE MALIGNANT OVARIAN MASSES**

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**Introduction/Background** The uptake of a minimally invasive approach in the management of gynaecological malignancies has increased over the years, because of advancements in skills, equipment, and the advantages of a swifter recovery, lower blood loss and reduction in the length of hospitalisation. However, this has been viewed with much hesitance in the realm of ovarian malignancies due to fear of spill and incomplete clearance of tumour, especially when the tumours are large.

**Methodology** We describe two cases in which the large pelvic masses (both about 12 cm in size) were handled in an oncologically sound manner, allowing for accurate intra abdominal assessment of disease, and removal of the ovarian mass without surgical spill. The first is that of an ovarian immature teratoma with gliomatosis peritonei in a 6 year old girl, the second is that of a 35 year old lady with a mucinous ovarian tumours.

**Results** In the case of the 6 year old, a computed tomography scan showed a 12 cm heterogenous suspicious looking ovarian mass with significantly elevated alpha-feto-protein levels, with no evidence of distal or nodal metastases. A laparoscopic approach was undertaken to remove this mass with the steps outlined below. 1. Supraumbilical camera port placement and intra abdominal survey 2. Peritoneal washings 3. Tilting patient to expose the gonadal vessels; isolating the ureter before performing a unilateral salpingo oophorectomy (USO) 4. Putting the entire USO specimen into a 6 litre retrieval bag and removal via the suprapubic port with manual morcellation 5. Omental biopsy, examination of bowel and mesentery, digital palpation of the retroperitoneal lymph nodes performed 6. Excision of pouch of Douglas (POD) lesions performed. The second case was approached in a similar manner, excluding the final step.

**Conclusion** In carefully selected cases of ovarian malignancy, a minimally invasive approach can be undertaken safely.
Conclusion Our study demonstrate that robotics surgery could be considered as an alternative cytoreduction option without worst survival outcomes respect laparotomic approach in highly selected patients.

Introduction/Background The COVID-19 pandemic which began in 2020 disrupted healthcare services and changed patient behavior. Our objective was to identify changes in hospitalization rates of ovarian cancer patients from 2016 to 2020, comparing pre-pandemic and pandemic levels. We also aimed to assess, if these changes happened and whether they were correlated with pandemic-related variables.

Methodology Aggregated data were obtained from the State of Sao Paulo. Overall hospitalization rates in the state fell coinciding with the start of the pandemic. At the state level, clinical hospitalization rates did not show changes in their trend during the study period, while surgical hospitalization rates started to decrease two trimesters before the pandemic began and remained decreasing. Surgical hospitalization rate ratios were inversely correlated with COVID-specific ICU bed occupation rates during the third trimester of 2020, with a Pearson Correlation coefficient of -0.50 (95% CI: -0.78 to -0.05, p = 0.03). An increasing number of exclusively publicly-insured persons were identified in the state, with a Pearson Correlation coefficient of 0.95 (95% CI: 0.88–0.98, p < 0.001).

Conclusion Surgical hospitalization rate ratios fell during the third trimester of 2020 and were inversely correlated with ICU occupation. This demonstrates the impact of the COVID-19 pandemic on the treatment of conditions that compete for the same healthcare resources.

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OVARIAN CANCER HOSPITALIZATION RATES DURING THE COVID-19 PANDEMIC IN THE STATE OF SAO PAULO AND CORRELATION WITH PANDEMIC-RELATED VARIABLES

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Introduction/Background The COVID-19 pandemic which began in 2020 disrupted healthcare services and changed patient behavior. Our objective was to identify changes in hospitalization rates of ovarian cancer patients from 2016 to 2020, comparing pre-pandemic and pandemic levels. We also aimed to assess, if these changes happened and whether they were correlated with pandemic-related variables.

Methodology Aggregated data were obtained from the State of Sao Paulo Secretary of Health regarding ovarian cancer hospitalization, average social distancing rates, COVID-19 incidence, mortality, lethality, and both COVID-specific infirmary and ICU bed occupation rates. Hospitalizations for ovarian cancer were categorized as either clinical or surgical treatments. These data were available at the state level and for each state’s subdivisions. We performed a Joinpoint analysis in order to verify if there were changes regarding hospitalization rates during the study period. We also calculated hospitalization rate ratios and verified if they were correlated with pandemic-related variables.

Results Overall hospitalization rates in the state fell coinciding with the start of the pandemic. At the state level, clinical hospitalization rates did not show changes in their trend during the study period, while surgical hospitalization rates started to decrease two trimesters before the pandemic began and remained decreasing. Surgical hospitalization rate ratios were inversely correlated with COVID-specific ICU bed occupation rates during the third trimester of 2020, with a Pearson Correlation coefficient of -0.50 (95% CI: -0.78 to -0.05, p = 0.03). An increasing number of exclusively publicly-insured persons were identified in the state, with a Pearson Correlation coefficient of 0.95 (95% CI: 0.88–0.98, p < 0.001).

Conclusion Surgical hospitalization rate ratios fell during the third trimester of 2020 and were inversely correlated with ICU occupation. This demonstrates the impact of the COVID-19 pandemic on the treatment of conditions that compete for the same healthcare resources.