as wait times have increased during the COVID pandemic. In this patient preference study we investigated 1) how patients experience wait time; 2) what wait time is acceptable; 3) how it impacts quality of life.

Methodology Mixed methods study design; combining a qualitative interview study with a questionnaire among women with gynecological cancer. We performed semi-structured interviews with 20 women about their experiences with and preferences regarding wait time. Using thematic analysis we found factors that impact wait time acceptability and based on this developed a questionnaire. The questionnaire was administered to 100 women who had undergone surgery for gynecological cancer in two tertiary hospitals in the Netherlands.

Results Wait time between first appointment and surgery was more than 4 weeks for 61% of patients. Wait time was considered too long by 77% of these patients compared to 39% of patients who waited less than 4 weeks (p=0.01). 31% of patients scored above the threshold for either anxiety or depression on the Hospital Anxiety and Depression Scale (HADS), 63% of patients had sleeping problems and 37% of patients experienced pain frequently or most of the time. Patients spent less time on working (38%) and exercising and increased time finding information about pain level. Patients who completed all the questionnaires. Approximately a half of them (n=30) was diagnosed with a malignancy. Patients who declared greater anxiety related to the procedure experienced significantly more severe pain (p=0.041). Majority of patients declared an active lifestyle, albeit most of them discontinued it before surgery. Additional application of regional anesthesia provided a significant reduction of pain (p=0.017). The severity of a postoperative pain was not associated with: age, BMI, type of incision, indication (malignant or non-malignant) and a scope of an operation. Averagely, the most severe pain was experienced in the evening the day after the surgery.

Conclusion Reduction of patients’ anxiety should be considered a priority assignment in the process of qualifying to the surgery. Desirable actions include e.g. psychological support, education and detailed information on the course of the hospitalization. To reduce the postoperative pain and the administered doses of systemic drugs, regional anesthesia should be considered. Medical staff must be aware that perioperative care begins much earlier than on the day of admission to the hospital.

2022-RA-1057-ESGO OUTCOMES OF GYNAECOLOGICAL CANCER SURGERY DURING THE COVID-19 PANDEMIC: RESULTS FROM THE INTERNATIONAL, MULTICENTER, PROSPECTIVE COVIDSURG-GYNAECOLOGICAL CANCER STUDY

Christina Fotopoulou, 2Tabassum Khan, 3Juraj Bracnik, 4James Glasbey, 5Nadeem Aburustum, 6Luis Chiva, 7Anna Fogotti, 8Kaiichi Fujwara, 9Rahel Ghebre, 10Murat Gutelkin, 11Thomas Konney, 12Joseph Ng, 13Rene Pereja, 14Rajkumar Seenivasagam, 15Jalid Sehouli, 16Shylaeree Surappa, 17Aniel Bhangoo, 18Eline Leung, 19Sudha Sundar, COVIDSurg-Cancer (Gynaeoncology). Department of Surgery and Cancer, Imperial College London, London, UK; 2Institute of Cancer and Genomics Sciences, University of Birmingham, Birmingham, UK; 3Particle Physics Group, School of Physics and Astronomy, University of Birmingham, Birmingham, UK; 4NHIR Global Health Research Unit on Global Surgery, University of Birmingham, Birmingham, UK; 5Memorial Sloan Kettering Cancer Center, New York, NY; 6University Clinic of Navana, Madrid, Spain; 7Università Cattolica del Sacro Cuore, Rome, Italy; 8Department of Gynecologic Oncology, Saitama Medical University International Medical Center, Saitama, Japan; 9Gynecology and Women’s Health and Macionar Cancer Center, University of Minnesota, Minneapolis, MN; 10Faculty of Medicine, Division of Gynecologic Oncology, Hacettepe University, Ankara, Turkey; 11Department of Obstetrics and Gynecology, Komfo Anokye Teaching Hospital, Kumasi, Ghana; 12National Cancer Institute, Singapore, Singapore; 13National Cancer Institute, Bogotá and Astorga Oncology Clinic, Medellín, Colombia; 14All India Institute of Medical Sciences Rishikesh, Rishikesh, India; 15Chantel Campus Vichy Klinikum, Berlin, Germany; 16Tata Memorial Hospital, Mumbai, India

Introduction/Background The magnitude of adverse outcomes caused by the disrupted surgical cancer care during the COVID-19 pandemic is unclear. The aim of CovidSurg-Gynaecological Cancer study was to evaluate the changes in care and short-term outcomes of surgical patients with gynecological cancers during the initial phase of the COVID-19 pandemic internationally.

Methodology A multicenter, international prospective cohort study including consecutive patients with gynecological cancers who were initially planned for non-palliative surgery.

Primary outcome The incidence of pandemic-related changes in care

Secondary outcomes 30-day postoperative morbidity and mortality rates

A composite outcome of unresceivable disease or disease progression, emergency surgery and death