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 exercise (46%) and more time on time on relaxation (38%), with friends (27%) and educating themselves on their illness (40%).

Conclusion Waiting for surgery is often stressful for gynecological oncology patients. Waiting over 4 weeks for surgery is considered too long by most patients. Patients reduced time working and exercising and increased time finding information on their illness. This study provides directions on how to improve quality of care the weeks before surgery from the patient's perspective.

2022-RA-1039-ESGO FACTORS PREDISPOSING TO MORE SEVERE PAIN AND A SIGNIFICANT INFLUENCE OF PATIENTS' ANXIETY PRIOR TO THE PROCEDURE – A STUDY ON A PERIOPERATIVE CARE IN GYNECOLOGIC ONCOLOGY

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Introduction/Background The attitude towards perioperative care in gynecology is continuously evolving. A necessity of an implementation of a holistic approach is highlighted by the Enhanced Recovery After Surgery Society guidelines. The study performed by the Students' Scientific Group at the University Oncology Center in Bialystok aimed to determine which factors have an impact on the more severe postoperative pain.

Methodology The survey involved patients undergoing gynecologic surgery from XI 2020 to III 2022. A psychosocial condition was assessed by the original questionnaire at admission. Information about pain level was provided by patients themselves using the Numeric Rating Scale (0–10) 3 times per day for 3 days. A study examined the relationship between gathered variables and pain level.

Results From a total of 115 patients (median age 50), 63 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 next 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

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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 unresectable disease or disease progression, emergency surgery and death

Results We included 3973 patients (52 countries; 7 world regions; 27% from low-and-middle-income countries).

Lower-than-reported rate (22/3778; 0.6%) of perioperative SARS-CoV-2 infections was observed. This group had higher morbidity (63.6% vs 19.1%; p<0.0001) and mortality (18.2% vs 0.7%; p<0.0001) rates, compared to the uninfected cohort.

In 20.7% (823/3973), standard of care was adjusted. Significant delay (>8 weeks) was observed in 11.2% (424/3784), particularly in those with ovarian cancer (213/1355; 15.7%). This delay was associated with the use of neoadjuvant chemotherapy (p<0.0001), a composite of adverse outcomes including disease progression and death (95/424; 22.4% versus 601/3360; 17.9%, p=0.024), compared to those who had operations within 8 weeks of their MDT decisions.

One in thirteen did not receive their planned operations (189/2430; 7.9%), in whom 1 in 20 (5/189; 2.7%) died and 1 in 5 (34/189; 18%) experienced disease progression or death within 3 months of MDT decisions for surgery

Conclusion One in five surgical patients with gynecological cancer worldwide experienced management modifications during the COVID-19 pandemic. Significant adverse outcomes were observed in those with delayed or cancelled operations. This global data on the magnitude of care changes and their consequences could be used to leverage resources for the ongoing mitigating strategies worldwide.

2022-RA-1154-ESGO OVARIAN CANCER MANAGEMENT. WHO CARES FOR THE PATIENT? A SINGLE CASE OBSERVATIONAL STUDY

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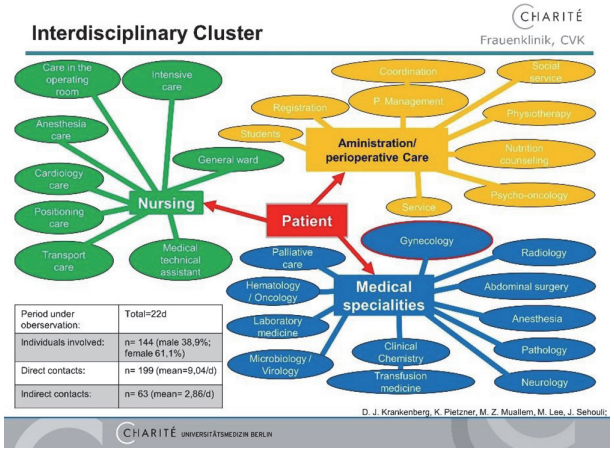
Introduction/Background Ovarian cancer is primarily diagnosed in advanced stages, and thus far, no sensitive screening is available. Therefore, in newly diagnosed patients, treatment and evaluation have become highly specialized, and an individually adapted approach should be made in each case by interdisciplinary cooperation. The present study aims to display the variety and extent of medical specialities and personnel resources involved in today's therapy algorithm to efficiently treat patients with advanced ovarian cancer following a patient's journey.

Methodology A patient diagnosed with ovarian carcinosarcoma FIGO IIIb was selected for a single case observational study. The period under observation (total=22d) compromised preliminary evaluation, outpatient imaging, the in-patient stay for cytoreductive surgery and ended with the postoperative case discussion at our interdisciplinary tumor conference. Data were obtained by self-reporting and by patient file review. As part of standard care, multidisciplinary evaluation and treatment were performed.

Results Patient-tracking demonstrated an interdisciplinary cooperation of 12 medical specialities (n=62 physicians; men n=39, 62,7%; women n=23, 37,3%), 8 different types of nursing staff (n=59; men n=13, 22%; women n=46, 78%) and 9 different types of peri-operative/administrativ staff (n=23; men n=4, 17,4%; women n=19, 82,6%) with a total number of n=144 individuals. Interaction with the patient was furthermore divided into direct contacts (n=199; 76%) and indirect contacts (n=63; 24%), without face-to-face interaction, with a total number of n=262 patient-oriented contacts.



Abstract 2022-RA-1154-ESGO Figure 1

Conclusion Modern treatment of advanced ovarian cancer requires multidisciplinary medical therapy, a holistic patient-centered approach and close dialogue as a team in specialized hospitals. The present study demonstrates the diversity of physicians, medical staff and interdisciplinary teamwork that is implemented in the evaluation and treatment of a single patient and underlines the need for a structured multiprofessional communication algorithm.

2022-RA-1189-ESGO CHALLENGES FOR A NEW ROBOTIC SURGERY PROGRAM IN GYNAECOLOGICAL ONCOLOGY AT A CANCER CENTER IN THE UNITED KINGDOM DURING COVID-19 PANDEMIC

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Introduction/Background The COVID-19 pandemic (CP) has resulted in a significant reduction of elective surgeries. Cancer treatment continued whilst adopting COVID-19 free pathways. Robotic surgery (RS) program was faced with numerous challenges. We outline the challenges that we faced at Guy's & St Thomas' (GSTT) hospital during the CP.

Methodology GSTT was among a few centers in the UK introducing RS training during CP. In December 2020, one surgeon started the RS training. The second surgeon followed after the completion of first 50 cases. The training included simulator training, dry-lab that focused on docking, undocking, and handling of instruments, and wet-lab surgical training. A local Proctor supported the surgeon in his first 10 surgeries until they gained independent competence. Online video library was used to familiarize the surgeon with this technology. We searched our database for the total and monthly