

2022-RA-1443-ESGO **PATIENT DECISION AIDS IN GENETIC TESTING FOR WOMEN WITH OVARIAN CANCER**

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**Introduction/Background** Genetic-testing at ovarian cancer (OC) diagnosis is recommended in all clinical guidelines. The level of detailed information patients should be provided for informed decision making regarding genetic-testing is unknown. We evaluate patient preference for short or detailed/extensive Decision-Aids (DA) or written information-sheets for pre-test decision making.

**Methodology** A more detailed DA was developed using patient and stakeholder input following the principles/methodology of IPDAS (International Patients Decision Aids Standards). Unselected patients at OC-diagnosis were asked to evaluate both a pre-existing short and new long DA version. Patients then underwent mainstreaming genetic-testing by a cancer clinician. Data were collected on satisfaction, readability, understanding, emotional well-being and preference for long/short-DA. Appropriate inferential descriptive and regression analyses were undertaken.

**Results** The mean-age of patients was 66-years (IQR=11), and 85% were white-British ethnicity. 74% found the DAs helpful/useful in decision making. Women reported higher levels of satisfaction (86% vs. 58%,  $p<0.001$ ), right amount of information provided (76.79% vs.49.12%,  $p<0.001$ ) and improved understanding ( $p<0.001$ ) with the long-DA compared to short-DA. There was no statistically significant difference in the emotional outcomes (feeling worried/concerned/reassured/upset) between 'short' vs. 'long' DA. 74% patients preferred the long and 24% the short DA. Regression analysis suggested patients undergoing treatment (coeff=0.603; CI:0.165–1.041,  $p=0.007$ ), those with recurrence (coeff=0.493; CI:0.065–0.92,  $p=0.024$ ) and older women (coeff=0.042; CI:0.017–0.066,  $p=0.001$ ) preferred the long-DA. Ethnicity did not affect any outcomes or overall preference for long/short-DA. 36% indicated they changed their decision regarding testing following mainstreaming counselling and 26% would have made the decision without it.

**Conclusion** A longer DA in OC patients has higher satisfaction without increasing any emotional distress. Older women and those undergoing treatment/recurrence prefer more extensive information, whilst those in remission preferred a shorter-DA.

2022-RA-1564-ESGO **PATIENTS' PERSPECTIVES ON CHANGES IN CANCER CARE DURING THE COVID-19 PANDEMIC: RESULTS OF A GERMAN SURVEY AMONG PATIENTS WITH GYNECOLOGICAL MALIGNANCIES**

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**Introduction/Background** The COVID-19 pandemic has had an immense impact on health care systems and social life. Currently, there are still limited data on patient perception concerning changes in cancer treatment. We initiated a multicentre prospective anonymous survey among gynecological cancer patients to assess the changes in their therapy situation during the second wave of the pandemic and the impact of their social life.

**Methodology** We performed a survey among gynecological cancer patients who received treatment or were in follow-up between October and December 2020 at 12 gynecological departments in Germany. The questionnaire included three sections in which social background, current disease status, and patient perception of the COVID-19 implications on cancer care and social life were evaluated.

**Results** 778 patients completed the survey. The median age of the participants was 59. The majority had ovarian cancer and 70% were under current cancer treatment. More than half of them had already been vaccinated (56.7%) and 85.9% of the participants were willing to receive a COVID-19 vaccine. Anxiety and fear was experienced by more than 50% during the last 2 weeks. Only 8.6% were more afraid of a COVID-19 infection than their cancer disease. Despite the uncertainty of the COVID-19 pandemic, most patients (68.9%) feared their tumour disease more than a COVID-19 infection, and 33.6% feared cancer progression due therapy delay. The treatment appointments were altered in a small number of patients (9.0%). The acceptance of social measures was high: 74.8% keeping social distance and 92.2% wearing a mask.

**Conclusion** Despite major challenges in cancer care due to the COVID-19 pandemic, the access to cancer treatment and adequate management could be preserved. The increased psychological burden in crisis situations require substantial new infrastructure and should be proactively addressed.