other two groups. Recurrence rates and pregnancy rates showed no difference among the three groups.

Conclusion Our data support the usage of LNG-IUS as first line choice for fertility sparing treatment in AEH patients with proper uterine cavity size. LNG-IUS combined with MA did not provide better treatment effect than either LNG-IUS alone or MA alone.

This study was supported by the National Key Research and Development Program of China (Grant No 2019YFC1005200 and 2019YFC1005204), Shanghai Medical Centre of Key Programs for Female Reproductive Diseases (Grant No. 2017ZZ010616) and sponsored by Shanghai sailing program (Grant No.19YF1404200).

2022-RA-172-ESGO
THE IMPACT OF COVID-19 PANDEMIC ON PATTERNS OF CARE OF ENDOMETRIAL CANCER PATIENTS

1Giorgio Bogani, 2Violante Di Donato, 2Giovanni Scambia, 3Pierluigi Benedetti Panici, 4Fabio Landoni, 5Francesco Raspgżeli, The Italian Gynecologic Oncology group.
1Gynecologic Oncology, University La Sapienza, Rome, Italy, 2University La Sapienza, Rome, Italy; 3University La Sapienza, Rome, Italy; 4Politecnico Gernelli, Rome, Italy; 5Università Bicocca – Pollicntico di Monza, Monza, Italy; 6Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy

Introduction/Background COVID-19 outbreak has correlated with the disruption of screening activities, regular follow up visits, and diagnostic assessments. The risk of misdiagnosis and delayed diagnosis has consequently increased during the pandemic. Endometrial cancer is one of the most common gynecological malignancies and it is often detected at an early stage, because it frequently produces symptoms (e.g. abnormal vaginal bleeding). Here, we aim to investigate the impact of COVID-19 outbreak on patterns of presentation and treatment of endometrial cancer patients.

Methodology This is a retrospective study involving 53 centers in Italy. We evaluated patterns of presentation and treatment of endometrial cancer patients before (period 1: from 03/01/2019 to 02/29/2020) and during (period 2: from 01/04/2020 to 3/31/2021) the COVID-19 outbreak.

Results Medical records of 5,117 endometrial cancer patients have been retrieved: 2,688 and 2,429 women treated in period 1 and period 2, respectively. The prevalence of endometrioid International Federation of Obstetrics and Gynecologists (FIGO) grade 1, 2, and 3 was consistent over the study period (p=0.769). However, the prevalence of non-endometrioid endometrial cancer was lower in period 1 than in period 2 (15.7% vs. 17.9%; p=0.015). Nodal assessment was omitted in 684 (27.3%) and 478 (21%) patients treated in period 1 and 2, respectively (p<0.001). While, the prevalence of patients undergoing sentinel node mapping (with or without backup lymphadenectomy) has increased during the COVID-19 pandemic (46.8% in period 1 vs. 53.1% in period 2; p<0.001). Adjuvant therapy was omitted in 1,269 (50.5%) and 1,019 (44.9%) patients receiving treatment in period 1 and 2, respectively (p<0.001). Adjuvant therapy use has increased during the COVID-19 pandemic (p<0.001).

Conclusion Our data suggest that the COVID-19 pandemic had a significant impact on the characteristics and patterns of care of endometrial cancer patients. These results highlight the need to implement healthcare services during the pandemic.