Abstracts

0016/#739 OUTCOMES OF GYNAECOLOGICAL CANCER SURGERY DURING THE COVID-19 PANDEMIC: RESULTS FROM THE INTERNATIONAL, MULTICENTER, PROSPECTIVE COVIDSURG-GYNAECOLOGICAL CANCER STUDY

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Methods A multicenter, international prospective cohort study internationally.

Conclusions 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-coordinated mitigating strategies are urgently needed.

0017/#479 GERMLINE PATHOGENIC VARIANTS IN DNA REPAIR GENES AND ENDOMETRIAL CANCER RISK

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Objectives The magnitude of adverse outcomes caused by the disrupted surgical cancer care during the COVID-19 pandemic is unclear. Our aim 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.

Methods A multicenter, international prospective cohort study including consecutive patients with gynecological cancers who were initially planned for non-palliative surgery. Primary outcome: 30-day postoperative SARS-CoV-2 infection rate. Secondary outcomes: 30-day perioperative mortality and morbidity, COVID-19-related treatment modifications.

Results We included 3973 patients (52 countries; 7 world regions). 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), 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 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 decisions for surgery.

Conclusions 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-coordinated mitigating strategies are urgently needed.

Focused plenary: Endometrial cancer

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Objectives We sought to determine the prevalence of germline pathogenic variants (gPVs) in unselected patients with...