

decrease in the interval between CRS and adjuvant chemotherapy was observed. A decrease in elective procedures and treatments may be an important cause of the reduction in waiting time for chemotherapy.

EP197/#293

ENDOMETRIAL CANCER RECURRENCES IN THE ERA OF COVID

¹Jenna Patterson*, ²Courtney Riedinger, ²Floor Backes, ³David O'Malley, ²Kristin Bixel, ²Larry Copeland, ²David Cohn, ²Paul Goodfellow, ²Casey Cosgrove. ¹The Ohio State University Wexner Medical Center, Department of Obstetrics and Gynecology, Columbus, USA; ²Arthur G. James Cancer Hospital, The Ohio State University Wexner Medical Center, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Columbus, USA; ³The Ohio State University, James Cancer Center, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Columbus, USA

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Objectives Endometrial cancer (EC) is the most common gynecologic malignancy and surveillance includes symptom assessment and physical examination. During the COVID pandemic, access to care was limited and telemedicine was frequently utilized. Our objective was to evaluate the effects of the pandemic on the presentation and diagnosis of EC recurrence.

Methods A retrospective review of women with EC recurrence diagnosis between January 2015 and December 2021 was performed. Clinicopathologic data about presentation and diagnosis of recurrence was collected from the electronic health record. The first COVID case in Ohio was reported March 2020 and recurrence diagnosis after this date was considered 'after COVID.' Statistical analysis was performed using JMP Statistical Software.

Results During the timeframe, 201 patients were diagnosed with recurrent EC; 135 (67.2%) prior to COVID and 66

(32.8%) after COVID. There was no difference in the average time (in months) from diagnosis to EC recurrence (14.78 vs 17.64, $p=0.212$) prior to or after COVID. The majority of EC recurrences were symptomatic (60.0% vs 59.1%, $p=0.902$) and nonlocalized in both groups (71.1% vs 74.2%, $p=0.641$). Most recurrences were diagnosed by oncologic providers (63.0% vs 66.7%, $p=0.517$). Lastly, no difference in the percentage of patients receiving treatment (82.2% vs 83.3%, $p=0.845$) nor the follow-up compliance rate (88.2% vs 95.5%, $p=0.102$) between the two groups was detected (table 1).

Conclusions Clinicopathologic presentation of EC recurrence did not change in our population after COVID. This suggests that health care adaptations utilized during the pandemic, including telemedicine, warrant further investigation.

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ACCESS TO TREATMENT FOR ENDOMETRIAL CANCER PATIENTS DURING THE COVID-19 PANDEMIC IN ONTARIO, CANADA

¹Brenna Swift*, ²Joshua Mazuryk, ²Olga Yermakhanova, ²Bo Green, ^{1,3}Rachel Kupets. ¹University of Toronto, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Toronto, Canada; ²Ontario Health, Cancer Care Ontario, Toronto, Canada; ³Sunnybrook Odette Cancer Centre, Division of Gynecologic Oncology, Toronto, Canada

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Objectives During the first year of the COVID-19 pandemic in Ontario, biopsies for cancer diagnosis decreased by over 40% and surgical cancer treatment decreased by over 25% during the first pandemic wave¹. This study aims to assess the impact of the COVID-19 pandemic on endometrial cancer diagnosis and surgical treatment in Ontario, Canada.

Methods Cases were identified from January 1, 2017 to December 31, 2022 from endometrial cancer hysterectomy specimens in Ontario Health – Cancer Care Ontario, ePath system. Endometrial biopsy records were matched to surgical specimens by provincial health card number. System performance was compared before (2017–2019) and during (2020–2021) the COVID-19 pandemic.

Results There were 10 446 women treated with hysterectomy for endometrial cancer in Ontario from 2017–2021. The majority were low grade (74%) compared to high grade (18%) with 8% unspecified. In April and May 2020 corresponding with the provincial state of emergency, there was a 56% relative reduction in endometrial biopsies. The median time to surgery was 57 days (IQR 41–73) for low grade and 57 days (IQR 42–76) for high grade endometrial cancer. There was no difference in time to surgery and no change in surgical stage at presentation before (2017–2019) or during the pandemic (2020–2021).

Conclusions Despite significant increase in virtual care and decreased operating room time during the COVID-19 pandemic in Ontario, the healthcare system continued to prioritize service delivery to endometrial cancer patients. Importantly, there were no significant surgical delays or upstaging of endometrial cancer, particularly of high-grade histology. ¹Walker et al., JAMA Network Open. 2022;5(4):e228855. doi:10.1001/jamanetworkopen.2022.8855

Abstract EP197/#293 Table 1

Clinical factor	Pre-COVID N = 135	Post-COVID N = 66	P
Time to recurrence			
Mean, (SD)	14.78, (11.28)	17.64, (10.99)	0.212
Median, (range)	11.56, (2.73-81.81)	14.08, (3.09-47.51)	
Presentation			
Symptomatic	81 (60.0%)	39 (59.1%)	0.902
Asymptomatic	54 (40.0%)	27 (40.9%)	
Location of Diagnosis			
Oncology	85 (63.0%)	44 (66.7%)	0.517
ED	35 (25.9%)	18 (27.3%)	
PCP	15 (11.1%)	4 (6.1%)	
Location of Recurrence			
Localized	39 (28.9%)	17 (25.8%)	0.641
Distant	96 (71.1%)	49 (74.2%)	
Received treatment for recurrent disease			
Yes	111 (82.2%)	55 (83.3%)	0.845
No	24 (17.8%)	11 (16.7%)	
Follow-up			
Compliant	119 (88.2%)	63 (95.5%)	0.102
Noncompliant	13 (9.6%)	1 (1.5%)	
Unknown	3 (2.2%)	2 (3.0%)	