

mortality. Further multicentric studies are warranted to affirm these findings.

P-OGC14 Global Level of Harm Upper Gastrointestinal (GLEOHUG) – a multinational gastric cancer cross-sectional appraisal

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Background: Gastric cancer (GC) is the 5th most common malignancy and remains one of the major causes of worldwide cancer-related deaths. COVID-19 pandemic has had a significant impact on the provision of cancer care. This study aims to overview the global standpoint of gastric cancer patients (GCP) during the first year of the pandemic.

Methods: The Upper Gastrointestinal Surgeons (TUGS), within its Global Level of Harm Project, designed an online cross-sectional survey to assess how gastric cancer patient's management changed during the first year of the pandemic. The questionnaire included 33 questions about expertise, kind of health system, hospital organization and screening policies, personal protective equipment (PPE), change in patient's characteristics, preoperative, operative and postoperative management of GCP.

Results: There were 209 participants from 178 centres & 50 countries). Results showed: most hospitals (88,18%) had restricted areas for COVID-19 patients; 53.58% of surgeons were redeployed; most frequent COVID-19 screening method was PCR (78,82%) & chest CT-scan (25,62%), and 55.98% lack full PPE. Preoperative management: 43.16% noted reduction in multidisciplinary teams (MDT) meetings; 28,42% increase in cT2 or higher GCP; 34,74% increase in metastatic (M1) GCP; 26,84% increase in patients receiving definitive palliative treatment; 23,68% note increase in frail patients; 50% increase in waiting list time; and 41,58% faced problems in the provision of oncological treatment. Operative management: 54,50% decrease in elective gastrectomies; 29,10% increase in urgent/semi-urgent gastrectomies; 37,04% decrease in the number of minimally-invasive gastrectomies (MIG); & 18,52% increase in the number of palliative surgeries. Postoperative management: 16,48% increase in the overall complication rate (OCR); 12,64% increase in the number of Clavien-Dindo 3 or higher complications; 8,13% increase in the leak rate; increase in pulmonary infections (26,79%) and bowel obstruction (2,39%); 44,51% note postoperative COVID-19; 15,38% increase in 30-days mortality; 23,08% mortality due to COVID-19 infection; 17,58% increase in the need for adjuvant treatment. Most patients were postoperatively assessed either through a face-to-face consultation or a hybrid approach.

Conclusions: COVID-19 pandemic has affected gastric cancer management by decreased frequency of MDT's, higher clinical-stage migration and fuelled frailty. The pandemic increased waiting list time, the number of urgent and palliative surgeries, OCR, Clavie-Dindo 3 or higher complications, leak rate, and pulmonary infections. There was a noticeable high rate of postoperative COVID-19 infection and associated