Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Conclusion: This case highlights a rare occurrence of a parasitic leiomyoma following a hysterectomy. There has been no publication to date describing the occurrence of parasitic myomas after concomitant myomectomy and hysterectomy without morcellation. The authors speculate that seeding of cells during the myomectomy may have been responsible for the development of a parasitic myoma; however, further investigation is needed. This case report also emphasizes the importance of being mindful of the occurrence of parasitic fibroids in a post-hysterectomy patient presenting with pain and pelvic mass.

5542

Patient Characteristics Associated with Access to Minimally Invasive Gynecologic Surgery: Changes during the COVID-19 Pandemic

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Study Objective: To evaluate patient characteristics that affect access to minimally invasive gynecologic surgery (MIGS) and identify changes during the COVID-19 pandemic.
Design: Retrospective cohort study of patients referred to MIGS in 2014-2016 compared to 2020. Demographic and appointment information was abstracted from the electronic medical record. Primary outcome was interval between referral and first appointment.
Setting: Academic, tertiary-care MIGS division.
Patients or Participants: Historical cohort referred to MIGS 2014-2016 (n=1082) and cohort referred during the pandemic (n=770).
Interventions: N/A.
Measurements and Main Results: Demographic characteristics (race, age, language, insurance, employment, socioeconomic factors by census tract) were evaluated for associations with a longer referral interval. Being unemployed and living in an area with lower income, less population density (rural), or less education were associated with referral interval >30 days in 2014-2016 (p<0.05). In 2020, only unemployment was associated with referral interval >30 days and new risk factors were: primary language Spanish versus English (OR 2.92, 95% CI: 1.45-5.88) and public insurance versus commercial (OR 1.48, 95% CI: 1.00-2.18). Average referral intervals were significantly shorter in 2020 versus 2014-2016 (p<0.01). The odds of waiting >30 days increased by 7% with the addition of one demographic risk factor (95% CI: 1.02-1.11) and 22% for three risk factors (95% CI:1.07-1.38) in 2014-2016 whereas there was no significant association identified in 2020 for one (OR 1.02, 95% CI: 0.97-1.07) or three risk factors (OR 1.05, 95% CI: 0.91-1.22). Telemedicine appointments had a shorter referral interval versus in-person appointments (p<0.01). Hispanic and unemployed patients were less likely to have telemedicine appointments (p<0.01).
Conclusion: Time from referral to first appointment at a tertiary-care MIGS practice during the COVID-19 pandemic was faster than in 2014-2016. Differences in the prevalence of socioeconomic and demographic factors suggest that telemedicine improved access to care for most patients and decreased access disparities for many vulnerable populations, but not for Spanish-speaking, publicly-insured, or unemployed patients.

6025

Patient Characteristics Associated with Delays to Benign Gynecologic Surgery: Impact of the COVID-19 Pandemic

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Study Objective: To examine how demographic and socioeconomic characteristics impact timing of minimally invasive gynecologic surgery (MIGS) before and during the COVID-19 pandemic.

Design: Retrospective cohort study using electronic medical record data. Primary outcome was interval between referral to MIGS and date of surgery.
Setting: Tertiary-level MIGS division in the southeast US.
Patients or Participants: Historical cohort undergoing surgery with MIGS 2014-2016 (n=377) and cohort in 2020 referred during the pandemic (n=191).
Interventions: Laparoscopic hysterectomy, myomectomy, adnexal surgery, or excision of endometriosis.
Measurements and Main Results: Patient demographics (race, age, marital status, language, insurance, and socioeconomic factors) were evaluated for significant associations with surgical delay. Patients with fibroids and abnormal uterine bleeding had a shorter interval to surgery (median 95 days, range 66-133) compared to patients with chronic pelvic pain (median 127 days, range 73-274). Our model adjusting for surgical indication revealed that single patients were 2.13 times as likely to wait >90 days (95% CI 1.35-3.36) compared to partnered patients prior to the pandemic. Additionally, those in the lowest quartile of median household income (<$42,572 vs > $75,020; OR 2.42, 95% CI 1.32, 4.46) and those from zip codes with the highest proportion of population in poverty (≥ 0.20 vs <0.07; OR 1.93, 95% CI 1.04, 3.6) were more likely to wait > 90 days. However, all of these differences disappeared during the pandemic. There were no differences in time to surgery by race, ethnicity, language, population density, markers of education by zip code, or insurance before or during the pandemic.
Conclusion: Historically, race and socioeconomic factors are associated with decreased access to MIGS and vulnerable populations were disproportionately affected by the COVID-19 pandemic. Despite this, we found decreased time to surgery at our institution, and previous socioeconomic disparities associated with scheduling delays were improved during the pandemic, suggesting improved equitable access to tertiary-level MIGS.

5874

Patient Preferences Regarding Surgical Treatment Methods for Symptomatic Uterine Fibroids

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Study Objective: The purpose of this study is to rank the benefit-risk factors that are most/least important to patients with symptomatic uterine fibroids.
Design: Using a best worst scaling (BWS) preference elicitation approach, eligible, consenting participants completed an online survey to rank factors associated with fibroid treatments. Survey content was based on a literature review and included the following factors: symptom relief; surgical complications; repeat treatment; recovery time; cosmetic effects; risk of cancer; sexual outcomes; maintenance of child-bearing continuation of menses; unpredictable menses; and location of procedure. Participants completed 11 BWS tasks. For each task, we presented participants with a subset of 5 factors from the possible 11, and participants chose the most important and least important factor.
Setting: N/A.
Patients or Participants: 285 women with symptomatic uterine fibroids (69 physician-confirmed and 216 self-reported) who had not undergone prior surgical treatment completed the survey. Participants were enrolled from two clinical sites and an online consumer panel.
Interventions: N/A.
Measurements and Main Results: Each cohort's responses were analyzed using conditional logistic regression to determine the relative importance of factors. Both cohorts identified symptom relief, cancer risk, repeat treatment and complications as the most important factors in selecting treatment options and cosmetic effects like presence of a scar after the treatment, location of treatment, and return to normal activities after surgery, as the least important factors. Of note, younger women (≤ 40) placed greater importance on the ability to have children after the procedure.
Conclusion: Information regarding the factors most and least important to patients with symptomatic uterine fibroids might inform shared-decision making efforts between women and their providers, as well as provide