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.

high risk of embryo aneuploidy with an OR of 4.1 (CI: 2.2-7.7, P<0.001) and (OR: 1.7, CI: 1.01-3.0, P=0.048), respectively. Logistic regression analysis revealed maternal age and type C TE as the main risk factors for aneuploidy. Among combinations of factors (table 1), the best marker for the risk of aneuploidy was maternal age above 38 years combined with an embryo with trophoectoderm type C, which had a positive predictive value of 88.6% and specificity of 97.5%.

CONCLUSIONS: The trophoectoderm and inner cell mass type C are the major embryo risk factors for aneuploidy, explaining approximately 71% and 60% of the risk, respectively. Among clinical factors, advanced maternal and paternal age (greater than 38 and 36 years, respectively), antral follicle (< 5), and low percentage of sperm with normal morphology increased the risk of embryonic aneuploidy.

P-959 3:30 PM Wednesday, October 21, 2020

IS UNIVERSAL SCREENING OF IVF PATIENTS FOR SARS-COV-2 JUSTIFIED? Daniel S. Seidman, MD,[1] Arik Kahane, MD,[2] Adrian Shulman, MD,[1] Eyal Schiff, MD,[1] Tal Shavit, MD[1] [1]Assuta Medical Center, Ramat-Hachayal, Tel-Aviv, Israel; [2]Assuta Medical Center, Rishon LeZion, Israel.

OBJECTIVE: Resuming all ART treatments in Israel, following the COVID-19 lockdown put into effect on March 22, 2020, was fraught with concern, as the pandemic is still raging. One of the safety measures implemented was universal screening for SARS-CoV-2 of all ART patients. Our aim was to assess the usefulness of this measure.

DESIGN: Cohort study.

MATERIALS AND METHODS: All women initiating ART treatment from May 1st, through July 17, 2020, at one of the two IVF Units of the Assuta Medical Centers, were required to undergo screening with nasopharyngeal swabs and a quantitative polymerase-chain-reaction test to detect SARS-CoV-2 infection. All women with symptoms of Covid-19 or those with recent exposure to an infected person were not allowed to commence ART treatment. Since almost all of the IVF cycles performed at our centers are fully covered by the Israeli national health insurance, treatment is very accessible, and thus we believe that our sample is representative of the country's COVID-19 prevalence.

RESULTS: A total of 4,259 asymptomatic women underwent ART treatments at the Assuta Medical Centers, 2,787 ovum pick-ups and and 1,472 frozen embryo transfers. Overall, 23 women (0.54%) tested positive for SARS-CoV-2. The rate of women who tested positive was similar in our IVF center in Tel-Aviv, 11 of 2,299 women (0.48%), and in our more southern Rishon Lezion center, 12 of 1,970 (0.61%). An additional 11 women had to cancel their IVF treatment as their male partner was tested positive for SARS-CoV-2. Only a fifth of the positive patients came from cities declared by the Ministry of Health as Covid-19 hotspots.

CONCLUSIONS: Our use of universal SARS-CoV-2 testing in all ART patients initiating ART treatment revealed that at this point in the pandemic in central Israel, one in 200 asymptomatic women starting an ART treatment cycle was positive for SARS-CoV-2. This ratio is approximately 10 times lower than the current rate among women screened in Israel due to Covid-19 related symptoms or exposure to a positive person. The potential benefit of universal testing for Covid-19 includes the ability to protect patients and health care staff during these challenging times by lowering the risk of novel coronavirus exposure in the ART clinic. However, universal screening may burden the limited testing resources and may lead to less vigilant use of personal protective measures.

SUPPORT: None

P-960 3:30 PM Wednesday, October 21, 2020

CAN WE DIAGNOSIS ENDOMETRIOSIS WITH A PHONE APP? NEZHAT ENDOMETRIOSIS ADVISOR MOBILE APPLICATION AS A PREDICTOR FOR ENDOMETRIOSIS IN PATIENTS EXPERIENCING PELVIC PAIN, INFERTILITY OR UNEXPLAINED INFERTILITY. Janelle M. Jackman, MBBS,[1] Anuj Vaid, BA,[2] Shruti Agarwal, DO,[1] Azadeh Nezhat, MD,[3] Camran Nezhat, MD.[3] [1]Camran Nezhat Institute, Center for Special Minimally Invasive and Robotic surgery, Stanford University Medical Center, Palo Alto, CA; [2]Drexel University, Philadelphia, PA; [3]Camran Nezhat Institute, Center for Special Minimally Invasive and Robotic surgery, Stanford University Medical Center, University of California San Francisco, Palo Alto, CA.

OBJECTIVE: Endometriosis has a debilitating impact on women's lives, including severe pain, infertility and interference with daily life. For most women with endometriosis, the diagnosis is often missed, misdiagnosed and it is usually takes years before the right diagnosis is made. The first step in alleviating the adverse sequelae on endometriosis is to promptly and accurately diagnose it. Unfortunately, there is usually a delay especially in women with lower socioeconomic background as the diagnosis is made surgically. Our study is to evaluate the positive predictive value (PPV) of Nezhat Endometriosis Advisor

mobile application questionnaire as a noninvasive screening test for the diagnosis of endometriosis in patients experiencing severe or chronic pelvic pain, recurrent pregnancy loss, or unexplained infertility.

DESIGN: Retrospective study design.

MATERIALS AND METHODS: Retrospective cohort study at a university-affiliated private practice. Inclusion criteria were women who had no previous surgical diagnosis of endometriosis who utilized the app and was scheduled for laparoscopic surgery due to history. Patients then underwent laparoscopic

surgery with an indication of diagnosing and treatment of suspected endometriosis. The primary outcome

measured was the PPV of Nezhat Endometriosis Advisor mobile application questionnaire to the

surgical diagnoses of endometriosis. Statistical analysis was performed using SPSS v.25.0.

RESULTS: 30 patients met the inclusion criteria so far for our on going study. 95.0% of patients who had a screening test result of 90% or more on the app, had a surgical pathology confirmed diagnosis of endometriosis. However 100% of the patients who had a screen result of >90% on the app, had visual diagnosis of endometriosis at different stages at the time of surgery. The 8% who did not have pathological confirmation of endometriosis, had fibrosis diagnosed which may be due to late presentation of endometriosis example burnt out endometriosis presentation. The PPV of the screening questionnaire for endometriosis was 95.0%. In patients with app scores between 75-90%, pathology confirmed endometriosis 80% of times. Few patients who had diagnostic surgery despite low scores, endometriosis was confirmed in less than 10% of the cases. All patients had complete resolution or improved symptomatology after surgery.

CONCLUSIONS: Nezhat Endometriosis Advisor mobile application questionnaire has a high PPV of 95% for diagnosing endometriosis and can help identify a patient population that may require surgical treatment for pelvic pain or unexplained infertility. This will be helpful as it may lead to earlier presentation of endometriosis which will help with treatment and management. This is also very beneficial to patients in lower socioeconomic demographics who may not have easy access to healthcare and may otherwise suffer for a long time with pain or infertility before a diagnosis is made. More research is needed to determine the continued accuracy of the app in different patient population and demographics.

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P-961 3:30 PM Wednesday, October 21, 2020

A COMPREHENSIVE COVID-19 RISK MITIGATION STRATEGY FOR SAFE PATIENT CARE AND STAFF WELLNESS DURING A GLOBAL PANDEMIC. Mandy G. Katz-Jaffe, PhD,[1] Lauren Henry, BS,[1] Nathan McCubbin, BS,[1] Rachel Tucci, BS,[1] Rachel S. Mann, BS, MS,[1] Susanna McReynolds, PhD,[1] William B. Schoolcraft, MD[2] [1]Colorado Center for Reproductive Medicine, Lone Tree, CO; [2]CCRM Colorado, Lone Tree, CO.

OBJECTIVE: In the midst of the COVID-19 epidemic and the estimation that the vast majority of the population remains susceptible to SARS-CoV-2 infection, a comprehensive risk mitigation strategy to identify asymptomatic and pre-symptomatic carriers is key to providing safe clinical care during fertility treatment. The objective of this study was to evaluate the efficiency of a combined triage protocol and molecular testing for active SARS-CoV-2 viral infection for both patients and staff from a multi-site IVF network.

DESIGN: Prospective study.

MATERIALS AND METHODS: A symptomatic triage was performed whereby all patients were contacted by phone for the presence of COVID-