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.

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OBJECTIVE: To assess the knowledge, attitudes, and perception of burdens on patients after fertility treatment cancellations in response to the COVID-19 pandemic.

DESIGN: A web-based survey involving people who experienced cancellations to fertility treatment due to COVID-19 precautions.

MATERIALS AND METHODS: A survey link was disseminated through online infertility forums and groups in the USA. Survey data was collected and stored via REDCap and then analyzed with descriptive statistics and Chi square test.

RESULTS: A preliminary data set of 208 respondents was used. 99% of respondents were female and either married or in a relationship. The median age was 33 years (range 23-44 years) with 1-12 years of infertility (mode 2 years). Respondents included a wide range of infertility diagnoses and all common modes of treatment. In this population, 78.8% reported that they were in the middle of their treatment when cycles were cancelled while 21.1% were cancelled prior to starting. Most reported anxiety and stress (79.6%) but also understanding of the situation (68.9%). The major factors contributing to anxiety and stress were lost treatment time (50.7%), younger age (< 35 years 90.5% vs 78.8% in >35 years, p value 0.024), and desire for increased communication and emotional support. The data showed that only 20.2% of patients perceived the support from their clinics as adequate. These patients who felt supported generally reported personal phone calls from their doctors and continued outlets of communication to ask questions and receive updates. People reporting perceptions of less support were more likely to have reported getting a recorded message or email with some information (76.8%) and felt that their clinic did not communicate with other fertility clinics to feel more supported. Additionally, 36% of patients desired more emotional support, and only 3.1% reported being provided additional resources such as mental health counseling. 57.7% of patients had positive perceptions of telemedicine as a resource for the future even though most (75%) had not tried it in the past. Finally, data showed that the type of cycle affected stress levels: ovulation induction reported most stress 89% followed by intrauterine insemination 80% then frozen embryo transfer 62.9%. Patients even suggested a system to help prioritize more urgent patients over others.

CONCLUSIONS: Infertility patients suffered significant stress related to their cycle cancellation from COVID-19. Despite being most worried about lost treatment time, patients advocated for a triage system to prioritize those with worse prognosis when planning for safe return of fertility treatment. Additionally, consensus showed that personal and ongoing communication is very important in this situation. Virtual support platforms and telemedicine may provide a valuable and supplemental outlet to improve patient communication, emotional support, and access to providers. Moving forward, incorporating this technology into standard practice will likely enhance patient satisfaction and help decrease anxiety and stress particularly when patients need to delay fertility treatment.

SUPPORT: None

TABLE 1. IVF Treatment Cycle Outcomes During COVID-19

| Groups | Positive Pregnancy Count |
|--------|-------------------------|
| Group 1: Prior to COVID-19 Pause (n=526 FET Cycles) | 396 (75.2%) |
| Group 2: Era of Covid-19 (n=75 FET Cycles) | 59 (76.2%) |

CONCLUSIONS: The COVID-19 pandemic has placed an unprecedented burden on patients, physicians, and the entire healthcare system. Urgent treatments, including reproductive care, were postponed, as scarce resources needed to be re-directed. Resumption of treatment required modifications in workflow, staffing, decontamination protocols, and utilization of PPE. Although the patient experience has changed, our study is first to demonstrate implantation rates were not compromised in an era of COVID-19. Importantly, the preliminary data suggests that the stress and anxiety that pervade modern COVID-era reproductive care do not alter outcomes. With an abundance of caution, a modern fertility clinic can work to "flatten the curve," abide by guidelines, and deliver safe and effective patient care.

SUPPORT: None

P-181 4:30 PM Saturday, October 17, 2020

FERTILITY PRESERVATION DURING THE COVID-19 PANDEMIC: MODIFIED BUT UNCOMPROMISED. Kara N. Goldman, M.D., Jennifer Elvikis, MSN, RN, Elmur Babayev, MD, MSc, Kristin Smith, B.S. Northwestern University, Chicago, IL.

OBJECTIVE: During the peak of the COVID-19 pandemic, our clinic remained operational for patients with cancer and other fertility-compromising medical conditions requiring urgent fertility preservation (FP). As patients with cancer are at a higher risk of death or serious illness from COVID-19, our FP approach was modified for patient safety. We sought to characterize FP care during the peak of our city’s COVID-19 shelter-in-place order and compare outcomes to historical controls.

DESIGN: Retrospective cohort study with historical controls.

MATERIALS AND METHODS: We analyzed all medically-indicated FP cycles completed from March 17, 2020 (ASRM COVID-19 Task Force initial recommendation to suspend fertility treatments) until May 11, 2020 (ASRM update no. 4). Cycles performed during the same time period in 2019 were compared as historical controls. Data were analyzed using student’s T-test, Mann-Whitney-U, or Fisher’s Exact test where indicated (p<0.05).

RESULTS: Despite suspension of routine fertility care, our center managed 27 urgent FP cycles for 24 patients. 3 cycles were cancelled for acutely decompensating lymphoma, no response to gonadotropins (prior chemotherapy), and symptomatic COVID-19, respectively. 24 cycles from 21 patients were analyzed. Of 11 embryo cryopreservation cycles, 6 underwent FDA screening for future gestational carrier. More cycles were initiated in 2020 vs. 2019 (27 vs. 19), including significantly more embryo cryopreservation cycles (45.8% vs. 5.2%, p<0.005). Diagnoses were equally divided between breast cancer (29% vs 37%), leukemia/lymphoma (37.5% vs. 26.3%), and other (33.3% vs. 36.8%) (p=0.05). There was no difference in mean age (30 ±7 vs 28 ±7), AMH (2.9 ±2.0 vs. 4.2 ±3.1), or days of ovarian stimulation (11 ±1 vs 11 ±2) (p>0.05) but patients received in 2020 utilized significantly more gonadotropin (4770±1480 vs 3846±1438, p=0.04). Notably, patients managed during COVID-19 had significantly fewer monitoring visits (5±1 vs 6±1, p=0.02), and 37.5% of cycles utilized a blind trigger injection (without monitoring). Despite modifications, there was no difference in no. of oocytes retrieved (19±14 vs 22±12) (p>0.05). All cycles (majority random-start) were timed to ensure anesthetiology availability for retrieval given COVID coverage responsibilities. Extensive safety precautions were employed including appropriate personal protective
equipment, telemedicine when possible, and office-wide social distancing. One patient who recovered from COVID-19 successfully and safely completed FP.

CONCLUSIONS: At our center FP care remained uninterrupted but appropriately modified during COVID-19. We completed more cycles compared to 2019, absorbing patients from centers facing COVID-related closures. Despite significantly fewer monitoring visits and more than one-third of trigger shots administered blindly, outcomes were optimal and equivalent to historical controls. Our center’s experience illustrates that FP care can be adapted without compromising outcomes; long-term modifications should be considered given the continued vulnerability of this population.

SUPPORT: Friends of Prentice

P-182 4:30 PM Saturday, October 17, 2020

PATIENT REACTIONS ON SOCIAL MEDIA TO THE ASRM COVID TREATMENTS SUSPENSIONS. Isaac J. Chamani, M.D., David H. McCulloh, Ph.D., Frederick L. Liccariardi, M.D., NYU School of Medicine, New York, NY; NYU Langone Fertility Center, New York, NY; NYU Langone Health, New York, NY.

OBJECTIVE: On March 17, 2020, the American Society for Reproductive Medicine (ASRM) issued its initial recommendations regarding patient management and infertility treatment during the ongoing COVID-19 outbreak. Included were recommendations to suspend initiation of new treatment cycles, including those of patients of advanced age or diminished ovarian reserve. The purpose of this study was to survey patient opinions and reactions, as expressed on social media, to these recommendations and the three subsequent updates.

DESIGN: Cross sectional study.

MATERIALS AND METHODS: We surveyed “r/Infertility,” a group with 17,800 members on the social medial site Reddit, for reactions following each of the initial four ASRM recommendations. Comments were made in individual “COVID/Coronavirus Mega Threads” on the days surrounding the March 17th, March 30th, April 13th, and April 24th announcements. We categorized posts based on their content, and quantified the number of posts per category. Categories included emotional reaction, resulting concerns, shared empathy, exchanges of advice and information.

RESULTS: 344 posts made by 148 users were categorized. The largest number of posts (n=90, 26.2%) expressed empathy to difficult news that was shared by another user. 82 posts (23.8%) discussed the future uncertainty, and 13 posts (3.8%) expressed an uncertainty in their clinics present policy. The most common emotional reaction was of disappointment (n=38, 11.1%), but others also expressed anger, anxiety, and frustration (5.2%, 6.4%, and 7.3% respectively). A total of 23 posts (6.7%) expressed frustration specifically at treatment being cancelled mid-cycle. A small number of comments questioned aspects of the guidelines, and expressed frustration with ASRM (7, 2.0%), but more users expressed concerns regarding the risk of becoming pregnant (17, 4.9%), and none questioned the validity of the guidelines. A significant portion of users questioned whether patients with diminished ovarian reserve should be restricted as well, or whether they should be given priority when treatments resume (21, 6.1%). Several users questioned why the general population was not being cautioned about becoming pregnant (9, 2.6%), and also expressed annoyance regarding why the pandemic could affect their plans, while only 28.2% of the INTERESTED-GROUP stated the same (p=0.035).

Concerning the duration of the suppression strategies, 64.1% of patients in ART-GROUP stated to believe the suppression strategies will be over by July, while only 18.5% of women in the INTERESTED-GROUP believed the same (p<0.001). The plan to become pregnant was postponed by 41.3% of the ART-GROUP and by 57.6% of the INTERESTED-GROUP (p=0.341). The main reasons that led people to this decision were fear of getting sick (52.6% vs. 73.6%, p=0.083), for ART-GROUP and INTERESTED-GROUP, respectively) and economic reasons (47.3% vs. 24.5%, p=0.085 for ART-GROUP and INTERESTED-GROUP, respectively).

CONCLUSIONS: Besides the fear of becoming sick, the economic burdens are the main reason for the delay in the motherhood plan, especially among women seeking for fertility care. This may be due to the fear of future economic instabilities and the fact that, in Brazil, ART do not qualify for reimbursement.

SUPPORT: None.

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USING VIDEO VISITS FOR NEW PATIENT EVALUATIONS DURING COVID-19. Juan J. Andino, MD, MBA, Alex Zhu, DO, Chad Ellimoottil, MD, MS, James M. Dupree, M.D., M.P.H., Medicine, Ann Arbor, MI; University of Michigan, Ann Arbor, MI.

OBJECTIVE: With the rapid expansion of telehealth use during COVID-19, we sought to assess what diagnoses were seen and which tests were pursued as part of the new patient evaluation. Herein we summarize a single institution’s experience with video visits for male infertility during COVID-19.

DESIGN: Retrospective case series of patients with male infertility managed via video visits.

MATERIALS AND METHODS: We identified video visits completed at our institution between March 23, 2020 and April 29, 2020 for male infertility. We included new patients visits and return visits for men 18 years of age or older completed by two andrology-trained urologists. We collected and categorized scheduled visit type; visit completion rate; patient demographic and referral information; primary diagnoses; and laboratory and imaging tests ordered for new patient evaluations.

RESULTS: There were 51 scheduled video visits with 21 (41.2%) new patient and 30 (58.8%) established patient encounters. Eight (15.7%) video