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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
185 and 42% (54/130) vs. 27% (50/185), respectively, P<0.05, all values). Clinics in high COVID-19 burden states were less likely to follow ASRM recommendations compared to clinics in low burden states [36% (56/156) vs. 50% (80/161), respectively, P<0.05].

CONCLUSIONS: Use of SM accounts for dissemination of COVID-19 related information was common among SART member clinics with SM presence. However, academic clinics were less likely to have any, and when they did, less likely to offer telehealth, possibly hindering care for their patients. Conversely, larger clinics were more likely to provide pertinent information and advertise telehealth and mental health resources. Private, smaller and high COVID-19 burden clinics were less likely to report compliance with ASRM recommendations.

O-165 2:20 PM Monday, October 19, 2020

TRAITS OF PATIENTS SEEN VIA TELEMEDICINE VERSUS IN-PERSON FOR NEW PATIENT VISITS IN A FERTILITY PRACTICE. Vinita M. Alexander, MD, Allison Schelble, MD,1 Kenan Omurtag, MD,1Washington University in St. Louis, St. Louis, MO; Washington University School of Medicine, St. Louis, MO.

OBJECTIVE: Integration of teledermicine (TM) into reproductive endocrinology and infertility (REI) is quickly occurring due to changes in the practice environment and recently, COVID19. However, no US studies have investigated teledermicine’s impact on REI practices. This study aimed to evaluate differences in demographics, time to treatment initiation, clinical outcomes, and dropout rates between patients using teledermicine relative to in-person (IP) visits.

DESIGN: Retrospective cohort study.

MATERIALS AND METHODS: All new patients seen via TM (between June 2017 to February 2020) at an academic practice were compared with control new IP visits (seen in 2019). The following were evaluated for each new patient encounter by visit type (TM or IP): demographics, cancellation, distance to clinic, infertility diagnosis, duration of infertility, time to treatment initiation, number of clinic-contacts (i.e. number of e-messages or phone calls from patient) prior to treatment start, and dropout rate. We performed t-test analysis by group for continuous independent variables and Chi-square analyses by group for categorical independent variables. Binary logistic regression analysis was performed to estimate the odds of initiating treatment in the TM group.

RESULTS: Seventy-one patients were identified in the TM group, and 71 followed in the IP group. The average age of the IP and TM groups was similar, at 33.5 ± 5.0 and 33.2 ± 5.2, respectively (p=0.723). There were no differences between groups in the following: BMI (p=0.723), average (52.2) and median (49.0) age, and patient type (p=0.672). No differences were found in the following: ovulation induction, IVF, surgery, etc.) (p=0.475). There were no differences between the TM and IP groups in: treatment dropout rates (p=0.075), cancellation rates (p=0.379), time to treatment initiation (mean 74.82 days in TM group; 77.5 days in IP group; p=0.315), or number of times the patient contacted the clinic prior to treatment start (p=0.153). Of those who became pregnant, time to positive pregnancy test was not significantly different between the TM (n=11, mean 176.4 days) and IP groups (n=19, mean 226.45 days) (p=0.368). Compared to IP patients, TM patients were significantly more likely to live further away (mean 223.6 miles vs 69.28 miles, p = 0.006) and have a longer duration of infertility (mean 41.9 months vs 19.49 months, p = 0.006). The lengths of TM appointments were significantly shorter than IP visits (mean 56.3 ± 9.1 minutes vs 59.3 ± 4.6 minutes, p < 0.001) and much less likely to contain documentation of height or weight (p=0.001). In the TM group, age and distance from clinic were not significantly associated with likelihood of dropping out of treatment (p=0.467).

CONCLUSIONS: Telemedicine appears to be of particular interest to patients who live further from clinics and have longer durations of infertility, and it could help reduce visit times. Patients seen in person and via teledermicine are equally likely to pursue treatment. Telemedicine consultation for new-patient visits is feasible in REI practice and is especially useful in areas with limited access to fertility specialists and beyond in a post-COVID landscape.

O-166 2:35 PM Monday, October 19, 2020

MAKING IT (NET)WORK: A SOCIAL NETWORK ANALYSIS OF “FERTILITY” ON TWITTER BEFORE AND DURING THE COVID-19 PANDEMIC. Meghan Brooke Smith, MD,1 Jennifer K. Blakemore, MD,2 Jacqueline Ho, MD MS,3 James A. Grifo, MD PhD,3 University of Southern California, Los Angeles, CA; NYU Langone Prelude Fertility Center, New York, NY.

OBJECTIVE: To characterize activity, text sentiment, and online community characteristics regarding “fertility” on Twitter (TW) before and during the COVID-19 pandemic using social network analysis (SNA).

DESIGN: Cross sectional study.

MATERIALS AND METHODS: SNA uses graph theory to understand structure, flow, content, and relationships of networks among individuals. SNA was performed using NodeXL, a software platform that performs social network and content analysis. The search term “fertility” on TW was investigated during the weeks of February 20-27th, 2020 (Pre-COVID) and April 29th-May 6th, 2020 (during-COVID). User demographics, tweet content, and characteristics of the network were collected and analyzed during these time periods. These included: # users (vertices); edges (connections, defined as unique and total); self-loops (tweet without connection to another user); connected components (groups of users communicating back and forth frequently); maximum vertices in a connected component (largest group size); maximum and average geodesic distance (number of tweets to connect two users in the network); graph density; positive and negative sentiment tweets; top 5 hashtags; and top 5 word pairs. Statistical analyses included a-z ratio for comparison of proportions, with p<0.05 considered significant.

RESULTS: There were 1426 unique users and 401 groups in the pre-COVID data compared to 1492 unique users and 453 groups in the during –COVID data. There was no difference in the number of total connections [96.8% (1381/1426) vs 96.0% (1433/1492), p=0.25] or self-loops [20.0% (286/1426) vs 22.1% (329/1492), p=0.19] before and during the COVID-19 pandemic. The percentage of unique connections per user decreased during COVID-19 [91.6% (1381/1508) pre-COVID vs 83.3% (1433/1720) during COVID, p<0.0002]. The average and maximum distance between users in the community increased during COVID (maximum: 5 pre-COVID, 8 during-COVID; average 1.95 pre-COVID, 2.43 during-COVID). The percentage of positive sentiments per total number of tweets increased during COVID [58.1% pre-COVID (773/1331) vs 64.3% (1198/1863) during-COVID, p<0.0004]. The overall character of the TW fertility social network remained constant at both time points with a broadcast “spoke and out wheel” shape. The top 5 hashtags changed during COVID to include COVID19. The top word pairs changed from “family, hereditary; parents, children” to “fertility, treatment; healthcare, decisions.”

CONCLUSIONS: Despite the challenge to the fertility community amidst COVID19, overall TW sentiment regarding fertility was more positive than before the pandemic. Top hashtags/word pairs changed to reflect the emergence of COVID and the unique healthcare decision making challenges faced. While the characters, # of users, and total connections remained constant, unique connections and distance between users changed to reflect more self-broadcasting and less tight connections. Given no change in network structure where time at home could have led to increased social media (SM) use, further study is needed to leverage SM in these situations.

References: None

O-167 2:50 PM Monday, October 19, 2020

PATIENT PREFERENCES FOR FOLLOW-UP OF GENDER AFFIRMING HORMONE THERAPY. Erin Inman, MD,1 Daria Stelmak, BS,1 Emily K. Kobernik, MPH, MS,1 Juan J. Andino, MD, MBA,2 Daphna Stroumsa, MD, MPH, MSc,1 Molly B. Moravek, MD, MPH,1 John F. Randolph, Jr, MD,1 University of Michigan, Ann Arbor, MI; Michigan Medicine, Ann Arbor, MI.

OBJECTIVE: Approximately 1.4 million people in USA identify as transgender and a large portion (78%) of these will seek out gender-affirming hormonal therapy (HT). Given ongoing discussions about who should provide

FERTILITY & STERILITY®