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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 for 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 form of monitored communication and were much more likely to have reported communicating with a fertility clinic 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 (99%) followed by in vitro fertilization 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 poorer prognosis when planning for safe return of fertility treatment. Additionally, consensus showed that personal and ongoing communication is key to patient satisfaction and feeling supported. 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

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IVF TREATMENT PRE AND POST THE ASRM COVID-19 PAUSE. Joseph A. Lee,1 Christine Briton-Jones, PhD, HCLD,1 Carlos Hernandez-Nieto, MD,1 Margaret Dancyko, RN1, Beth McAvey, MD,1 Erin Flisser, MD,2 Daniel E. Stein, MD,2 Tannsey Mukherjee, MD1, Benjamin Sandler, MD,1 Alan B. Copperman, MD2 Reproductive Medicine Associates of New York, New York, NY;2Icahn School of Medicine at Mount Sinai, New York, NY.

OBJECTIVE: The coronavirus (COVID-19) pandemic has forever re-shaped the United States health care system. However, assisted reproductive technology (ART) treatment remains an essential form of medicine. Reproductive practices have been incorporated vigilant practices regarding social distancing, ample use of Personal Protective Equipment (PPE), and consistent decontamination protocols in order to mitigate risk of COVID-19 infection. Altogether, changes to standard operating procedures within ART treatment centers are anticipated to support patient safety without compromising quality of reproductive care. Finally, there is ample evidence of the mental health burden stemming from this pandemic with regard to anxiety and depression in both healthcare workers and patients. Given the current uncertainty, our study evaluates IVF cycle outcome in a New York City patient cohort prior to and subsequent to the ASRM COVID-19 task force’s recommended treatment pause.

DESIGN: Retrospective cohort analysis.

MATERIALS AND METHODS: The study includes patients who underwent a single, euploid-frozen embryo transfer (FET) from January 1st, 2020 to May 18th, 2020. Cohorts were separated into two groups based on period of IVF treatment (Group 1: Treatment prior to the COVID-19 pandemic pause; Group 2: Treatment subsequent to the COVID-19 pause). Primary outcome included early pregnancy rates. Chi squared test was used and statistically significant at p-value < 0.05.

RESULTS: A total of 601 single, euploid FET cycles in which pregnancy outcomes coming prior to the COVID-19 pandemic pause (n=526) were compared to outcomes subsequent to COVID-19 (n=75). No differences were found in early pregnancy rates among cohorts (Table 1).

| Table 1. IVF Treatment Cycle Outcomes During COVID-19 |
|--------------------------------|
| Groups | Positive Pregnancy Count |
| Group 1: Prior to Covid-19 Pause | 396 (75.2%) |
| Group 2: Era of Covid-19 (n=75 FET Cycles ) | 59 (76.2%) |

* p-value = 0.75.

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 modification 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, our 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, Elmir 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 retrieved 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 number of oocytes retrieved (19±14 vs 22±12) (p>0.05). All cycles (majority random-start) were timed to ensure anesthesiology availability for retrieval given COVID coverage responsibilities. Extensive safety precautions were employed including appropriate personal protective