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.
transabdominally with lower-than-expected AFC for her AMH. She elected to have her ovaries released robotically from the abdominal wall by gynecologic oncology at the time of debulking surgery for her recurrent rectal cancer. The released ovaries were sutured bilaterally to the pelvic side wall with mononuclein to ensure ovarian stability. The patient proceeded with ovarian stimulation five weeks following her ovarian transposition release procedure using straight start with antagonist protocol and 250 IU of Gonal-F to start.

RESULTS: Transvaginal ultrasound following surgery demonstrated excellent visualization of the ovaries in the pelvis. AFC was 18 at the beginning of ovarian stimulation. Ovarian stimulation required 11 days and the patient received a total of 2750 IU of Gonal-F and 450 IU of Menotrop. She was triggered with Lupon and 1000 IU of hCG with 18 follicles between 12 mm to 21 mm. A total of 15 oocytes were retrieved; 12 were MII and cryopreserved. The remaining three oocytes included one MI, one germinal vesicle, and one empty cumulus. The patient did well post-operatively and did not have any complications.

CONCLUSIONS: One concern with release of the ovarian pedicles during transposition reversal is hypermobility of the ovaries precluding safe transvaginal oocyte retrieval. We demonstrate that this procedure can be done safely with attention to suturing of the ovaries to the pelvic side wall at the time of reversal that resulted in a good outcome for this patient.

IMPACT STATEMENT: This is the first case of transvaginal oocyte retrieval following ovarian transposition and reversal to be reported in the literature and demonstrate the feasibility and safety of this procedure.

P-260 6:30 AM Tuesday, October 19, 2021

BARRIERS TO FERTILITY PRESERVATION IN REPRODUCTIVE AGE BREAST CANCER PATIENTS.

May-Tal Sauerbrun, MD,1 Sonali V. Pandya, MD,2 Olivia Recabo, BS,1 Christina Raker, ScD,1 Katina Robison, MD1 Warren Alpert Medical School of Brown University Women & Infants Hospital, Providence, RI; 2Beth Israel Deaconess Medical Center/Harvard Medical School, Needham, MA; 3Warren Alpert Medical School of Brown University.

OBJECTIVE: To identify barriers to fertility preservation (FP) in newly diagnosed breast cancer patients who answered yes to the screening question “Have you ever had a desire to become a parent?” and to compare demographic characteristics between patients who received and did not receive FP counseling.

MATERIALS AND METHODS: Patients 18-42 years old diagnosed with breast cancer from 2006 - 2016 were contacted by phone or email between 9/2019 and 1/2020 and asked to complete an online survey designed to assess barriers to FP. Fisher’s exact test was used to compare the demographic characteristics among patients who received counseling or saw a FP specialist versus those that did not receive counseling or did not see a FP specialist.

RESULTS: Sixty-three surveys were completed. A majority of patients (40/63, 64%) did not have FP discussed by any provider. There were no differences in use of chemotherapy, hormonal therapy, stage of diagnosis, race/ethnicity, level of education and financial status between patients with or without FP discussions. Older women and those who did not desire additional children at the time of diagnosis were less likely to receive FP counseling (Table). Most FP discussions were initiated by breast surgeons or medical oncologists (16/23, 70%) and by OB/GYN or primary care providers (7/23, 30%). Of the patients who desired future children at the time of diagnosis, 35/44 (79.5%) received chemotherapy; however only 34% (10/29) of these patients had a consultation with a FP specialist. The most common reasons for declining FP consultation were already having their desired number of children (24/58, 41%), financial barriers (8/58, 14%) and concern about delaying cancer treatment or cancer recurrence (7/58, 12%). Forty percent (4/10) of patients who met with a FP specialist pursued FP procedures such as oocyte or embryo cryopreservation.

CONCLUSIONS: Younger women who desire future children are more likely to receive FP counseling. FP consultations and procedures are low even in young women who desire future fertility with the predominant barriers being cost, fears concerning a delay in cancer treatment or future cancer recurrence, and motivations and experiences during a pandemic.

Table 1. Data are n (row %).

| Variable | Total n | Fertility preservation discussed | Fertility preservation not discussed | P-value |
|----------|---------|----------------------------------|-------------------------------------|---------|
| Desired children (or more children) prior to diagnosis | 29 (46.0) | 17 (58.6) | 12 (41.4) | 0.002 |
| Did not desire children (or more children) prior to diagnosis | 28 (44.4) | 4 (14.3) | 24 (85.7) | |
| Don’t know | 6 (9.5) | 2 (33.3) | 4 (66.7) | |
| 18 – 34 | 18 | 13 (72.2) | 5 (27.8) | 0.0004 |
| 35 – 42 | 44 | 10 (22.7) | 34 (77.3) | |

1 One “choose not to answer” was excluded.

IMPACT STATEMENT: There should be a broader focus on FP education as some women declined FP counseling due to fear of cancer progression or recurrence.

P-261 6:30 AM Tuesday, October 19, 2021

LOCKDOWN UPTICK: DID THE SARS-COV-2 PANDEMIC GENERATE AN INCREASE IN PLANNED OOCYTE CRYOPRESERVATION (POC)?

Emily Michelle Weidenbaum, MD,1 Sarah D. CASCANTE, MD,2 Shannon DeVore, MD,3 Brooke Hodes-Wertz, MD, MPH,4 James A. Grifo, MD, PhD,5 Jennifer K. Blakemore, MD, MSc6 New York University, New York, NY; 2NYU Langone Fertility Center, New York, NY; 3NYU Langone School of Medicine, New York, NY; 4NYU Langone Prelude Fertility Center, New York, NJ; 5NYU Langone Prelude Fertility Center, New York, NY; 6NYU Langone Health, New York, NY.

OBJECTIVE: The rise of the SARS-CoV-2 pandemic and temporary closures of fertility centers made the effect on POC cycles uncertain but garnered national attention. We sought to assess the impact of the pandemic on POC cycles in a pandemic epicenter.

MATERIALS AND METHODS: This is a retrospective cohort study of all POC cycles at an academic fertility center in New York City from 1/1/2019 - 12/31/2020. Primary outcomes were number of POC patients (pts) and cycles. Secondary outcomes were pt relationship status, payment method, AMH, and cycle parameters; with subgroup analyses by age groups. We also examined the relationship between monthly number of POC cycles and national SaRS-CoV-2 cases. Statistical analyses included z-score analysis, Mann-Whitney, and Chi-squared, with p<0.05 significant.

RESULTS: Despite a 5.5 week center closure in 2020, POC pts increased 14% and POC cycles increased 16% from 2019 to 2020 (Table), with a 32% increase seen between June-Dec, 2020. There was a 28% increase in POC pts <37yo in 2020 (252 pts vs. 323 pts, p<0.04) and no change in pts >37yo in 2020 (p=0.9). Relationship status did not differ between years (16% partnered, 76% single, 8% unknown in 2019 vs. 16% partnered, 73% single, 11% unknown in 2020; p=0.6). Fewer patients in 2020 had insurance coverage (16% vs. 24%, p<0.001). AMH was higher in 2020 (2.3 vs. 2.1, p<0.03), but days of stimulation, oocytes retrieved, oocytes frozen, total gonadotropins, and maximum estradiol (E2) were not different (Table). While national SARS-CoV-2 cases peaked in April, July, and November 2020, monthly POC cycles at our center did not decrease with surges in SARS-CoV-2 after our center reopened in May (p=0.24). In 2020 there were 23 cycles cancelled, none due a positive SARS-CoV-2 test.

CONCLUSIONS: POC volume increased at our center in 2020, especially in young patients, despite center closures and SARS-CoV-2 surges. IMPACT STATEMENT: More young people pursued POC despite the SARS-CoV-2 pandemic. Further research is needed to understand POC pt motivations and experiences during a pandemic.
Patients on POC. Fifty-six percent had recommended POC to patients in the form of education on POC and 22% felt ‘very comfortable’ counseling patients on POC. Training should consider POC. Fifty-six percent reported receiving some education and access to POC could support personalized reproductive planning.

Conclusions: Medical careers can have an unfavorable impact on family building and our results highlight this effect in Black women and persons of color. Most BOGs think trainees may benefit from POC. Improved education and access to POC could support personalized reproductive planning.

Impact Statement: Considering the underutilization of POC among Black women and the increase in infertility among female physicians, a better understanding of the mitigating factors is important in order to develop culturally appropriate counseling and educational interventions for women of color.

References

1. Data Show More Women Are Freezing Their Eggs During the Pandemic. https://time.com/5927516/egg-freezing-covid-19-pandemic. Published 2020. Accessed 4/16/21.
2. A Baby Bust...Then a Boom? https://www.today.com/health/fertility-clinics-report-spike-egg-freezing-during-pandemic-t210893. Published 2020. Accessed 4/6/21.

P-262 6:30 AM Tuesday, October 19, 2021

PLANNED OOCYTE CRYOPRESERVATION (POC) AND THE BLACK OBSTETRICIAN GYNECOLOGIST: UTILIZATION AND PERSPECTIVES

Ashley M. Wiltshire, MD,1 Meralis Lantigu Martinez, MD,2 Luwam A. Ghidei, MD,3 Frederick L. Liciardi, M.D., Ashley K. Blackmore, MD, MSc1, Cyndy Langone Health Fertility Center, New York, NY; 1NYU Langone Health, New York, NY; 2Baylor College of Medicine, Houston, TX.

Objective: POC is underutilized by Black women and persons of color. We sought to describe the opinions and attitudes toward POC among BOGs and their experiences in counseling patients of color.

Materials and Methods: An anonymous survey was distributed to BOGs via separate listservs belonging to a BOG organization and a historically Black college/university in April 2021. The survey included 30 demographic and qualitative questions pertaining to personal family building goals, fertility preservation, and patient counseling experiences. Analyses included descriptive statistics and chi square test to compare answers across demographic, professional and subspecialty groups using SPSS (v25) with p < 0.05 considered significant.

Results: Of the 136 potential participants, the response rate was 49% (n = 67). The majority of respondents were female (93%) and heterosexual (93%). The mean age was 34.2 years. Attendings (ATT), fellows (FEL) and residents (RES) represented 47%, 17% and 36% of respondents, respectively. Fifty-four percent of ATTs were generalists. Subspecialties represented by ATTs and FELs included Maternal Fetal Medicine (24%), Minimally Invasive Gynecology (2%), Reproductive Endocrinology and Infertility (14%), and Urogynecology (8%).

Sixty-six percent of subjects did not currently have children and 20% did not want children. Sixty-eight percent felt the need to postpone family building due to medical training, most commonly citing career plans (88%) and financial concerns (60%). Of the 41% who had tried to conceive in the past, 9% required fertility treatment.

Nineteen percent had already undergone POC or planned to in the future. Sixty-six percent felt that all women planning to undergo residency ≥ fellowship training should consider POC. Fifty-six percent reported receiving some form of education on POC and 22% felt “very comfortable” counseling patients on POC. Fifty-six percent had recommended POC to patients in the past. When asked to exclude cost, the most common reported barriers for POC were time (31%) and fear/stigma (22%) and the most common barriers for their patients of color were knowledge (41%) and fear/stigma (25%).

Those <35 years were more likely to not have a child (p < 0.01) and more likely to feel the need to postpone family building due to their medical training (p < 0.01). RES and FELs were more likely to agree that all women planning medical training should consider POC (p < 0.03). Generalist ATTs who had not undergone POC trended toward having more regret compared to subspecialists (p = 0.05).

Conclusions: Medical careers can have an unfavorable impact on family building and our results highlight this effect in Black women and persons of color. Most BOGs think trainees may benefit from POC. Improved education and access to POC could support personalized reproductive planning.

Impact Statement: Considering the underutilization of POC among Black women and the increase in infertility among female physicians, a better understanding of the mitigating factors is important in order to develop culturally appropriate counseling and educational interventions for women of color.

References

1. Milman LW, et al. Assessing reproductive choices of women and the likelihood of oocyte cryopreservation in the era of elective oocyte freezing. Fertil Steril. 2017;107(5):1214–1222.e3. doi:10.1016/j.fertnstert.2017.03.010
2. Stentz NC, et al. Fertility and childbearing among American female physicians. J Womens Health. 2016;25:1059–1065

P-263 6:30 AM Tuesday, October 19, 2021

WHO IS FREEZING EGGS, Y’ALL? DESCRIPTIVE CHARACTERISTICS OF WOMEN UNDERGOING OOCYTE CRYOPRESERVATION AT TWO URBAN FERTILITY CLINICS IN THE SOUTH, WITH A FOCUS ON RACE/EThNICITY.

Quinton S. Katner, MD,1 MSc1, Lisa M. Shandley, MD, MSc2, Cailin Wilder, RN, Rachel Fried, BA, Lisa M. Shandley, MD, MSc2, Cailin Wilder, RN, Rachel Fried, BA, Jennifer F. Kawwass, MD1, Kathryn Calhoun, MD,1,2,3,3,3,4 Cailin Wilder, RN, Rachel Fried, BA, Jennifer F. Kawwass, MD1, Kathryn Calhoun, MD,1,2,3,3,4 Cailin Wilder, RN, Rachel Fried, BA, Jennifer F. Kawwass, MD1, Kathryn Calhoun, MD,1,2,3,3,4 Cailin Wilder, RN, Rachel Fried, BA, Jennifer F. Kawwass, MD1

Objectives: To describe trends and characteristics of oocyte cryopreservation (OC) cycles at two fertility clinics in an urban, diverse city in the South, and to compare the racial/ethnic backgrounds of women pursuing OC compared to the racial demographic of this city.

Materials and Methods: Retrospective chart review of all OC cycles from 2014-2019 from two Atlanta fertility clinics (one academic and one private). Patient demographics and cycle characteristics were compared between the two clinics using chi-squared analyses for categorical variables and student’s t-tests for continuous variables.

Results: A total of 592 patients undergoing OC were included (668 total OC cycles). The majority of patients underwent 1 cycle (n = 529, 89.4%), whereas 51 patients did 2 cycles (8.6%), 11 patients did 3 cycles (1.8%), and 1 patient did 5 cycles (0.2%); there was no statistical difference in the number of cycles performed per patient based on the clinic type. The total number of OC cycles increased annually at both clinics; the largest increase in OC use was seen between 2016 to 2018. Mean ovarian reserve testing parameters (AMH, antral follicle count) was similar between clinics. The average age at cryopreservation was 34.8 (private) and 34.0 (academic), with a majority of cycles occurring in women under age 35 (46.8%). The average BMI was similar between clinics (academic 26.5 kg/m², private 25.2 kg/m²). There was an overall low utilization of frozen oocytes at both clinics; a total of 34 embryo transfer attempts using thawed autologous oocytes were performed.

Atlanta is unique in its racial and ethnic diversity and has been used as a model for investigating issues surrounding access to care. Atlanta’s resident census data from 2019 is as follows: 48% black, 39% white, 5% Asian, 5% Hispanic. When compared against the background demographic of Atlanta, OC cycles at both clinics were disproportionately seen in white patients (60.3%), whereas 20.8% of OC cycles were in black patients. OC use among other ethnic groups made up a small percentage of overall cycles, including those in Asian patients (8.3%) and Hispanic patients (3.0%), however this...