Comparative	table of diagnostic and test results before and after Brachytherapy Cervical Cancer Endometrial cancer							
	Value	Min	al Cancer Max	17-0	Value	Min	etrial cancer Max	
Age, mean(SD)	44113	21	77	P	5617	45	66	P
BMI, mean(SD)	28:6.7	14.9	50.39		30.8±6.9	18.6	42.8	
Mean age of first sexual relationship (SD)	1814	13	38		20±4	14	25	
Domestic violence, n(%)				0.149				0.149
Witness	12(28%)				5(42%)			
Victim	12(28%)				6(50%)			
Agressor	7(16%)				2(18%)			
Total score SyDSF, mean(SD)								
Before BT	16.1±5	7	31		16±3.5	9	22	
After BT	15.315.7	3	29		1714.9	7	24	
Total score CIDQ, mean(SD)								
Before BT	17.4±3.8	13	28	0.735	19.75±4.8	14	32	0.044
After BT	17.7±4	14	31		17:3.5	14	26	
Total score PHQ15, mean(SD)								
BeforeBT	815.9	0	24	0.080	6.913.9	3	17	0.235
After BT	6.524.4	0	18	0.000	5.212.1	2	9	
Physical symtomps, n(%)								
Physical symptoms presence, before	30(70%)			0.332	9(75%)			1.000
Physical symptoms presence, after	25(58%)			0.332	8(67%)			2.000
FACT-G, mean(SD)								
Physical Well-being, before	19,316.8	0	28	0.271	24.312.6	20	28	0.893
Physical Well-being, after	21.6±6.1	0	28		24.1±3	19	28	
Social/Family Well-being, before	22.37±5.5	10	28	0.004	21.5±6.1	10	30	0.505
Social/Family Well-being, ofter	20.13±5	9	28		20.315.8	11	33	
Emotional Well-being, before	15.415.6	3	24		17.513.8	12	24	
Emotional Well-being, after	16.9±5	4	24		18.6±4.7	10	2.4	
Functional Well-being, before	19.1±5.7	5	28	0.913	21.1±3.5	16	28	0.755
Functional Well-being, after	19.125.1	7	28		20.9±3.5	13	27	
Total score before Brachytherapy	'6.23±16.:	31	101		84.5±11.2	68	100	
Total score after Brachytherapy	77.8±14.5	33	104		84.1±12.9	62	105	
Total score PHQ9, mean(SD)								
Before BT	7.42±6.9	0	26	0.105	5±5	0	13	0.413
After BT	5.6±5	0	20	0.105	3.3	0	11	
Depression PHQ9, n(%)				0.361/0.71	3			
Minimal depression, before	20[47%]				7(58%)			
Minimal depression, after	20(47%)				8(67%)			
Mild depression, before	10[23%]				1(8%)			
Mild depression, after	14[33%]				2(17%)			
Moderate depression, before	7[16%]				4(33%)			
Moderate depression, after	7(16%)				2(17%)			
Moderately severe depression, before	2(5%)				0			
Moderately severe depression, after	1[2%]				0			
Severe, before	4(9%)				0			
Severe, after	1(2%)				0			
Total score HPV, mean(SD)	.01.2±14.!	68	124		103.3±12.	79.000	120.000	

Conclusion Sexual dysfunction in gynecological neoplasms has been reported to be as high as 90% in this preliminary analysis; receiving brachytherapy did not significantly modify the prevalence before or after its application. It is important to identify the psychosocial factors in each patient's context to intervene in a timely manner and that each of the women with an oncologic pathology is evaluated in a comprehensive manner.

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PELVIC EXENTERATION WITH
NEUROVASCULAR AND BONY RESECTIONS
FOR GYNAECOLOGICAL TUMOURS: A
SYSTEMATIC REVIEW

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Introduction/Background Pelvic exenteration (PE) with neuro-vascular or bony resections can be curative in gynaecological oncology, but has significant impact on quality of life (QoL) and high morbidity. The primary outcome of this systematic review was the QoL and secondary outcomes included morbidity and mortality after PE with neurovascular or bony resections.

Methodology The protocol was registered in PROSPERO, and included specific search strategies for PubMed, EMBASE, Cochrane Library, Google Scholar, Web of Science and ClinicalTrials.gov. Studies published from 1966 onwards reporting on QoL of patients who underwent PE with neurovascular or bony resections were considered eligible. Study selection, data extraction, rating of evidence (GRADE) and risk of bias (ROBINS-I) were performed independently by two reviewers using Rayyan.

Results Of 341 identified records, 10 studies on 89 patients were included: 1 prospective study, 6 retrospective studies, and 3 case reports. All studies were very low quality with an overall serious risk of bias. The primary tumour was located in the cervix (n=42), uterus (n=22), vulva (n=11), vagina (n=3), ovary (n=3), Gartner duct (n=1) or synchronous tumours (n=3). For 4 patients the primary tumour was not reported. Bony resections included the pubic (n=11) and pelvic bone (n=9), hemipelvectomy (n=7), sacrectomy (n=2) and the transverse process of L5 (n=1). Margins were negative in 69 patients and were not reported for 6 patients. 14 patients had positive margins (R1: n=6; R2: n=3; 'positive': n=5). 30-day mortality was 1,1% (1/89). 3 studies reported on improved QoL after surgery, of which only one used a validated QoL questionnaire. Most frequently reported complications were infectious.

Conclusion Despite the sparsity of published studies, QoL seems to be improved after PE with neurovascular or bony resections in a highly selected patient group. There is a need for collecting QoL outcomes in a validated and uniform manner.

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GYNECOLOGICAL CANCER TREATMENT AND COUPLE'S SEXUALITY

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Introduction/Background The aim of the study was to explore changes occurring in couples' sexuality after gynecological cancer treatment and to extract those areas that should be thoroughly investigated in study designed to propose interventions to improve couples' sexuality after cancer.

Methodology 69 gynecological cancer survivors were eligible for this pilot retrospective cohort study. During the control visit BETTER model was used for sexual counselling. DSM-5 criteria were used to assess female and male sexual dysfunction. Changes is Sexual Function Questionnaire (CSFQ) and Female Sexual Distress Scale (FSDS-R) was used to assess couples' sexuality after treatment.

Results 30 couples were finally included in the stud. Six women met the DSM-5 criteria for sexual dysfunction (20.0%). However, sexual distress (FSDS-R) was noted in 46.7%, sexual problems (CSFQ) - in 56.7%. Women survivors had worse attitudes toward sex (3.73 vs 4.48), lower sexual quality of life (63.3 vs 78.55), lower scores in arousal/excitement domain of CSFQ (7.43 vs 10.75), worse perception of their body during sex (1.36 vs 0.72) and lower sexual satisfaction both in self-concentrated and partner-concentrated domain (24.4 vs 53.5 and 28.6 vs 32.1, respectively) compared to male partners. Ten men reported Erectile Dysfunction. A decrease in importance of sex (2.7 vs 3.5), frequency of mutual masturbation (1.9 vs 3.2), and orgasm (2.9 vs 6.9) was showed. A lower satisfaction from women as a lover (3.2 vs 4.3), from sex (3.6 vs 4.1) and lower frequency of orgasm (3.8 vs 7.7) was seen in partners.

Conclusion Treatment of gynecological cancer does not decrease frequency of sexual activity but causes changes in its diversity. Differences in perception of sexual function, needs, satisfaction and sexual activity between woman and partner