FIGO stage, type of treatment and surgical data. Inclusions criteria were completing the SF-36 at diagnosis and at one year follow up. Women with FIGO stage ≥II wore considered to have advanced gynaecological cancer.

Result(s)* The final study population (n=372) included 150 (40.3%) women in FIGO stage II or more. At diagnosis, their physical functioning and role functioning/physical scores were lower (p=0.000, p=0.001) than for women with FIGO stage 1. One year after diagnosis no difference was found in physical functioning of the two groups. Predictive factors for physical and mental health domains were identified by linear regression analyses; BMI, history of psychiatric illness and number of comorbidities were predictive for bot while education, smoking and FIGO stage ≥II were not predictive.

Conclusion* Women with advanced gynecological cancer have a good quality of life one year after diagnosis compared to women FIGO stage I disease. BMI, history of psychiatric illness and number of comorbidities are predictive factors for physical and mental health.

| 1031 | IMPACT OF SYSTEMATIC PELVIC LYMPHADENECTOMY ON SHORT TERM POSTOPERATIVE QUALITY OF LIFE IN PATIENTS WITH EARLY STAGE ENDOMETRIAL CANCER |

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Introduction/Background* The objective of the study was to determine the potential impact of systematic lymphadenectomy vs. no lymphadenectomy on the perioperative change in QoL in patients undergoing surgical treatment for early stage endometrial cancer.

Methodology Patients scheduled for surgical treatment of clinically early stage endometrial cancer at the Department of gynecological oncology at the University Clinic of Gynecology and Obstetrics in Skopje, in the period January – December 2018 were approached for participation. Eligible subjects were divided into two groups: Group 1 (no LND) consisted of 60 patients who had hysterectomy plus bilateral salpingo-oophorectomy without lymph node dissection (LND); Group 2 consisted of 24 patients who had hysterectomy plus salpingo-oophorectomy plus systematic pelvic LND. Quality of life was quantified using a standardized and validated questionnaire (FACT-G) preoperatively and 30 days after surgical treatment.

Result(s)* A total of 91 patients were recruited in the study. Of those, 7 patients (7.7%) were excluded from statistical analysis: 6 (6.6%) patients with incomplete questionnaires and one patient (1%) who was unavailable for evaluation one month after surgery. The remaining 84 patients (92.3%) were selected for analysis, 60 patients in group 1 (no LND) and 24 patients in group 2 (LND).The patients in the LND group exhibited statistically significantly lower postoperative scores for FACT-G (87.7 vs 75.8 for the no LND and LND groups respectively, p=0.002), as well as for the physical wellbeing domain (23.4 vs. 20, p=0.004) and emotional wellbeing domain (20.7 vs 17, p=0.008). Twelve patients from the group with no lymphadenectomy (20%) experienced a clinically significant decline in the postoperative QoL, compared to 12 patients (50%) in the lymphadenectomy group (p=0.006).

Conclusion* There was a significant decrease in the postoperative QoL 30 days after surgery in patients that undergo systematic pelvic lymphadenectomy for early stage endometrial cancer compared to patients that do not. Women undergoing surgery for endometrial cancer should be counseled about the potential benefits of surgical staging including LND, which can influence their postoperative treatment in a significant manner, as well as the possible negative impact of the treatment on the short-term QoL.

| 1058 | HEALTH-RELATED QUALITY OF LIFE AFTER ROBOTIC SURGERY FOR ENDOMETRIAL CANCER – A PROSPECTIVE LONGITUDINAL FOLLOW-UP |

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Introduction/Background* Health-related quality of life (HRQoL) are increasingly recognized as important parts of treatment evaluation. Still little is known about patients' HRQoL after surgery and about their experiencing of symptoms. Endometrial cancer (EC) being a diagnosis with favorable prognosis and hence a large proportion of long-term survivors, the aspect of HRQoL becomes increasingly important. The study aims to explore how patients treated for EC with robotic surgery are affected in terms of health-related quality of life (HRQoL) and symptoms of anxiety and depression in the postoperative period. Furthermore, it aims to assess associations between HRQoL and patient characteristics.

Methodology Women scheduled for primary robotic surgery for EC during 1 year at a tertiary setting were invited to participate in the study. Factors including socioeconomic and civil status were obtained at baseline. Patient-reported outcomes were measured longitudinally by using the European Organization for Research and Treatment of Cancers (EORTC) Quality of Life Questionnaire Core 30 (QLQ-C30), its module for EC (EN24), the Generalized Anxiety Disorder Scale (GAD-7), and the nine-item Patient Health Questionnaire Depression Scale (PHQ-9) and followed prospectively from baseline to 2 weeks and 3 months postoperatively.

Result(s)* Sixty-four patients were included in the study. A significant decrease in Global health status (GHS) was seen at 2 weeks (from 69.8 to 62.7; p=0.048), with return to baseline levels at 3 months (68.5; p=0.32). Being unemployed (β= -36.35), having low income (β= -12.78), and receiving adjuvant therapy (β= -16.12) correlated with lower GHS at 3 months. The number of patients scoring above the clinical threshold for anxiety decreased from 17 (27.0%) at baseline to 4 (7.0%) at 2 weeks. Depressive symptoms were reported in 20% of patients at baseline and did not change significantly after 3 months.

Conclusion* Three months after robotic surgery for EC, there was no remaining negative impact on patients' HRQoL. However, receiving adjuvant therapy, low income, unemployment, or elevated depressive symptoms prior to EC diagnosis may motivate health care providers' increased attention.