are noted leading to possible disturbances in couples' s sex life. In cancer survivals with sexual partner both partners should be carefully consulted.

2022-RA-605-ESGO LONG TERM QUALITY OF LIFE AFTER CHEMOTHERAPY AMONG RARE OVARIAN CANCER SURVIVORS: THE NATIONAL GINECO CASE-CONTROL *VIVROVAIRE RARE TUMORS* STUDY

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Introduction/Background Treatments of non-epithelial rare germ cell tumors (GCT) and sex cord stromal tumors are associated with long survival. They mainly include conservative surgery plus chemotherapy (CT) [bleomycin, etoposide and cisplatin (BEP)] depending on stage and prognostic factors. As reported in testicular cancer survivors, BEP may induce late side effects with negative impact on quality-of-life (QOL). The French Rare Malignant Gynecological Tumors (TMRG)/ GINECO case-control study assessed long term QOL among survivors treated with BEP as compared to age-matched healthy women (HW).

Methodology Non-epithelial ovarian cancer survivors (nEOCS), cancer-free ≥2 years after end of treatment, were identified from the INCa French Network for TMRG. HW were issued from the 'Seintinelles' research platform. QOL (FACT-G/FACT-O), chronic fatigue (MFI), anxiety/depression (HADS), insomnia (ISI), neurotoxicity (FACT/GOG-NTX), cognition (FACT-COG) and sexuality items (from FACT-O OCS) were compared between nEOCS and HW. A minimal 5% difference of scores between groups was considered as clinically relevant.

Results 144 nEOCS (including 112 GCT) plus 144 age-matched HW were enrolled (mean age at inclusion: 38; 60% <40). Median delay from the end of treatments to inclusion was 6 yrs. At inclusion, 42% of nEOCS were menopausal versus 17% of HW ($p<0.001$). General and ovarian QOL, fatigue, anxiety/depression and insomnia scores were similar between nEOCS and HW. Although nEOCS reported clinically significant (6%) better social functioning ($p=0.006$), nEOCS reported more perceived cognitive impairment than HW (31 vs 14%, $p<0.001$) and clinically significant (8%) neurotoxicity ($p<0.001$). They also reported less interest in sex (35% vs 55%, $p<0.001$) and more concern of childlessness (31% vs 13%, $p=0.007$) than HW, whatever the menopausal status.

Conclusion 6 yrs after BEP CT, most of nEOCS reported similar global QOL as HW, but they experienced more often premature menopause, some late side effects on cognition, neurotoxicity and sexuality that may impact their daily life.

2022-RA-723-ESGO HORMONE REPLACEMENT THERAPY IN GYNECOLOGICAL CANCER SURVIVORS AND BRCA MUTATION CARRIERS: A MITO GROUP SURVEY

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Introduction/Background Early menopause in gynecological cancer survivors and BRCA mutation carriers is a major health concern as it is associated with both increased long-term multiorgan morbidity and all-cause mortality. Hormone replacement therapy (HRT) is the most effective remedy but, despite reassuring data on its oncological safety (with due exceptions), it remains underutilized in clinical practice. The Multicenter Italian Trials in Ovarian cancer and gynecologic malignancies (MITO) group promoted a national survey to investigate the knowledge and attitudes of healthcare professionals on prescribing HRT.

Methodology The survey consisted of a self-administered multiple-choice online questionnaire, sent via email to all MITO members on January 3, 2022 and available for one month.

Results Overall, 61 participants completed the questionnaire. Most respondents (73.8%) were female and 52.5% were gynecologists. Over 80% of specialists usually discuss HRT with patients, especially gynecologists (91%). The percentage of respondents in favor of prescribing HRT was 65% for ovarian cancer, 82% for cervical cancer and 41% for endometrial cancer patients. Around 70% of respondents recommend HRT after prophylactic surgery in BRCA-mutated patients. The main reasons for not prescribing HRT are oncological safety concerns and the failure of women to request it. Less than a half of patients usually ask the specialist for an opinion on HRT. Over 70% of respondents prescribe systemic HRT, while 24% prefer only local HRT. The vast majority of patients generally use HRT for up to 5 years. The major reasons for interrupting HRT are concerns about both oncological and other medical risks.

Conclusion Real-world data suggests that many healthcare professionals, especially non-gynecologist oncologists, still do not adequately prescribe HRT for gynecological cancer survivors and healthy BRCA mutation carriers. International guidelines should be implemented to further stress the benefits and safety of HRT and support both specialists in recommending HRT and patients in accepting it.