

intimacy. The device we use for the treatment is heated at body temperature and during insertion, a special technique ensures painless tightening and stability in the body.

Results Since the location of the device in the body has an influence on the radiation dose on the adjacent organs, the patient's position results in a reduction of dose to the rectum and bladder and decreases the rate of acute and late toxicity.



Abstract 2022-RA-667-ESGO Figure 1

Conclusion Cooperation of our patients and techniques provide successful treatment planning and delivery while reducing radiotherapy dose to the organs at risk. This approach significantly reduces the level of anxiety, helps patients trust and cooperate with staff, complete treatment without interruptions and an overall better outcome.

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THE ENSURE TRIAL FOR WOMEN WITH EARLY-STAGE ENDOMETRIAL CANCER: A RANDOMIZED CONTROLLED TRIAL COMPARING THE EFFECT OF A REDUCED VERSUS USUAL FOLLOW-UP SCHEDULE ON PATIENT SATISFACTION, HEALTH CARE USE, AND DISEASE PERCEPTIONS

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Introduction/Background Research suggests that most early-stage endometrial cancer patients do not need intensive follow-up. The aim of the ENSURE (Endometrial cancer SURvivors' follow-up care) trial was to compare satisfaction with care between women who received a reduced follow-up (FU) schedule (4 visits) and women who received the usual FU schedule according to the Dutch guideline (8–11 visits) for three years after treatment.

Methodology In this multicentre non-inferiority trial, 316 women from 42 hospitals with FIGO stage IA/B endometrial cancer were randomly allocated to reduced FU (n=160) or usual FU care (n=156). The women completed questionnaires at baseline (after surgery), and after 6, 12 and 36 months. The primary outcome was satisfaction with care (PSQ-III) with a predefined noninferiority margin of 6 points (range 0–100). Mixed linear regressions were used.

Results 299 (95%) women completed the questionnaire at baseline; 291 (92%) at 6-months; 272 (86%) at 12 months and 222 (70%) at 36 months. During three years after treatment, women in the reduced FU group had a median of 3.5 [IQR 3.0–5.0] visits with their specialist/nurse compared to 7.0 [IQR 6.0–9.0] visits for women in the usual FU group. Overall satisfaction with care was similar in the reduced FU (M=82;SD=15) and usual FU (M=82;SD=13) group. At 6, 12 and 36 months, more patients (93/94/90%) in the reduced FU arm were satisfied with their FU schedule than patients in usual FU arm (79/78/82%). Nine women in the reduced FU group and five in the usual FU group developed a recurrence (n.s.).

Conclusion Women receiving reduced follow-up care were just as satisfied with their care as those receiving follow-up care according to Dutch guidelines. Compared to usual care, women in the reduced care group had fewer medical visits and, at the same time, more often reported being satisfied with this reduced frequency.

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PREHABILITATION PROGRAM IN OVARIAN CANCER PATIENTS – TOWARDS MORE OBJECTIVE MEASUREMENT OF COMPLIANCE – PRELIMINARY RESULTS

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Introduction/Background The aim of the study was to assess the efficacy of prehabilitation program based on six-minute walking test (6MWT) introduced to ovarian cancer patient.

Methodology 52 ovarian cancer patients FIGO III were included in the study. Participants was randomly assigned to controls (n=24) and prehabilitation group (n=28). 3 weeks before surgery, prehabilitation group were tested for Muscle Action Potential (MAP) using LUNA EMG and with 6MWT (to calculate VO2max), and were instructed to perform physical training at home. All patients were assessed one day before surgery – laboratory tests, LUNA, and 6MWT were performed. Changes in MAP and VO2max were used as objective measurement of compliance with physical prehabilitation. Mean time to resume physical activity, hospital duration and peri/postoperative complication rate were analyzed.

Results The mean age in prehabilitation group and controls was 58.2±11.7 vs 59.2±12.1, respectively. No significant difference between groups in VO2max measured one day before surgery was noted – 15.3 vs 14.8 mL/kg·min⁻¹, respectively. The mean maximal MAP (LUNA) was 144.8 mV and 87.4 mV, respectively. The mean hospital stay was 5.89±2.9 and 8.43±3.5 days, respectively (p=0.003). The mean time to start physical activity was 9.9±6.5 vs 16.1±9.1 hours, respectively (p=0.02). 2 patients from prehabilitation group were sent to intensive care unit postoperatively vs 3 in controls.

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