of emerging therapies, such as ADCs, as well as identifying areas of continued educational need.

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Introduction/Background Cervical cancer (CC) is the second most frequent gynaecologic tumour and curative treatment often includes concomitant chemo-radiation (RT/ChT). The aim of this study was to assess the early and late impact on quality of life (QOL) of patients treated with this treatment modality.

Methodology Prospective study of patients, treated in a tertiary cancer centre, with RT/ChT (weekly cisplatin) between 2014–2016 with a median follow-up of 54.7 months. QOL was assessed using validated versions of EORTC QLC-C30 and QLQ-Cx24 questionnaires, looking for 7 principle domains: global health, role function, physical function, social function, financial issues, sexual function and symptoms. For this evaluation two distinct moments were defined: the first one at the first day of treatment and the second one after at least 3.7 years (min-max: 3.7-5.9 years). To avoid bias in long-term questionnaires’ answers (moment two) there were excluded patients that had persistent disease after RT/ChT or recurred after complete response. Patients’ answers were converted, by linear transformation, into 0–100 score intervals. Paired Sample T-test and Wilcoxon Signed Rank Test were used to compare results.

Results 50 patients were included, with average age at diagnosis of 52 years (24–74 years) and stage disease II (FIGO 2009) in 32 (64%). First and second questionnaires were answered by 50 and 34 patients, respectively. There were no differences between the two moments concerning global health (p=0.41), role function (p=0.72), physical function (p=0.21), social function (p=0.86) and financial issues (p=0.21). An emotional improvement to second evaluation (p=0.03) and a decrease in cognitive function (p=0.007) were observed. Related to symptoms there were no differences, except for diarrhea that was worse (p=0.006) and lymphedema (p=0.005) that improved later in time. Although sexual dysfunction seemed similar (p=0.21), there were a progressive increase of sexual worry (p=0.004).

Conclusion Careful assessment and handling of treatment toxicities is imperative to minimize long term sequelae of curative treatments. Particularly in these survivor’s cohort, focus on cognitive and sexual problems and diarrhea seems extremely important.

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