Quality of life after treatment

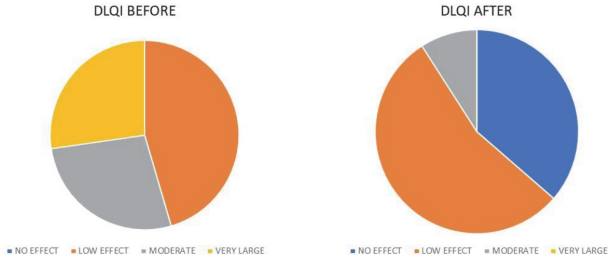
612 VAGINAL RADIOFRECUENCY FOR THE TREATMENT OF GENITAL ATROPHY IN PATIENTS WITH ONCOLOGICAL HISTORY IN A PUBLIC HOSPITAL. LIFE AFTER CANCER

Rocio Garcia Berrio, Alvaro Zapico Goñi, Aldina Couso Gonzalez, Patricia Lopez Arribas, Beatriz Moya Esteban, Altea Reyes Iborra. *Hospital Principe DE Asturias; Hospital Universitario Principe de Asturias; Gynaecology and Obstetrics*

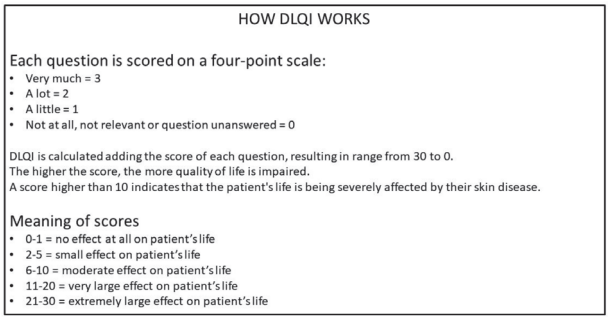
10.1136/ijgc-2020-ESGO.227

Introduction/Background Menopausal symptoms can impact quality of life. The goal of this prospective research is the clinical improvement on vulvovaginal sphere with vulvovaginal radiofrequency in cancer survivors.
Methodology Between June 2019 and february 2020 we apply vulvovaginal radiofrequency to 11 menopausal patients unresponsive to standard treatments. Symptoms are checked 6 months later.
Requirements Benign cytology and normal examination Non active vaginal infection Stable oncological process for at least 5 years
Materials Monopolar vulvovaginal radiofrequency generator Dermatology Life Quality Index (DLQI) before and after (figure 1) Record of the mean main symptom and photo shooting.
Method Specific and approved by Hospital protocol and Informed consent Number of sessions depends on response Maximum power applied: 3000 ms in two rounds in vulva and vagina Clinical control at 3,6 and 12 months
Results The mean age is 55 years with ages between 43 and 71. Natural or medical mean menopause age is 48.87 ± 8.17 years.

Clinical history of patients: 63.6% (n= 7) breast cancer, 27.3% (n=3) early stage endometrial cancer and 9.1% (n=1) of benign metastasizing leiomyomatosis.



Abstract 612 Figure 1



Abstract 612 Figure 2

When consulted, 63.6% (n=7) of the patients complained mainly of dyspareunia, 18.2% (n=2) of itching and 18.2% (n=2) of dryness. The average time of previous treatment had been 13.3 months. 54.5% (n=6) had received treatment with moisturizers, 36.3% (n=4) with steroids and 9.1% (n=1) did not tolerate any topical treatment. Patients with a history of endometrial cancer receive radiofrequency exclusively in external genitalia.

The average power used is 2491 ms (1700–3000)

They have received radiofrequency every 25.93 days with an average of 6 sessions per patient.
Qualitative evaluations According to the DLQI scale, patients presented symptoms before/after the treatment

- No effect on patient's life: (n=0)/36.4% (n=4)
- Small effect: 45.4% (n=5)/54.5% (n=6)
- Moderate effect: 27.3% (n=3)/9.1% (n=1)
- Very large effect: 27.3% (n=3)/(n=0)

Of the 11 patients, not all of them have been followed for a year, so the assessment of their condition is presented after 6 months. In these the DLQI scale has varied clinically > 4 in 6 of them. In those that have not, however, the clinical range has changed in 8 of them (figure 2)

The improvement in quality of life is significant in this group ($p < 0.008$, Wilcoxon signed rank test) until treatment is completed and all patients are followed.

• Subjective evaluation:

They show improvement after 1.5 sessions. The first thing is an increase in hydration and a decrease in itching. No burns, short- or long-term discomfort have been reported and treatment is well tolerated by 100% of patients. Immediately, 18.2% (n=2) of the patients showed slight discomfort but it disappeared spontaneously (figures 1 and 2).
Conclusion While we wait more cases and more time for their evolution, radiofrequency is presented to us as a good alternative for genital atrophy in those patients who are symptomatic, who do not respond to usual therapies and in whom treatment with local oestrogens may not be ideal. Well tolerated and with good clinical response.
Disclosures The authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest in the subject matter or materials discussed in this manuscript.

Translational research

428 GENOMIC INSTABILITY METRIC CONCORDANCE BETWEEN ONCOSCAN™, CYTOSNP AND AN FDA-APPROVED HRD TEST

Razvan Cristescu, Xiao Qiao Liu, Gladys Arreaza, Cai Chen, Andrew Albright, Ping Qiu, Matthew Marton. *Hospital Merck and Co., Inc*

10.1136/ijgc-2020-ESGO.228

Introduction/Background Various biomarkers have been investigated to identify patients likely to respond to PARP inhibition. PARP inhibitor olaparib plus bevacizumab is approved by the US FDA as maintenance therapy for homologous recombination deficiency (HRD)–positive advanced ovarian cancer; the FDA contemporaneously approved a commercial assay as a companion diagnostic for HRD assessment that includes a genomic instability biomarker. Other genomic platforms