

likely to find RRESDO acceptable in retrospect (OR=5.3, 95%CI=1.2–27.5, $p<0.031$). 88.8%(143/161) premenopausal versus 95.2%(80/84) postmenopausal women who underwent RRSO respectively were satisfied with their decision. 9.4%(15/160) premenopausal and 1.2%(1/81) postmenopausal women who underwent RRSO regretted their decision. HRT-uptake in breast-cancer (BC) unaffected premenopausal individuals was 74.1% (80/108). HRT-use did not significantly affect satisfaction/regret levels but reduced symptoms of vaginal-dryness (OR=0.4, 95%CI=0.2–0.9, $p=0.025$).

Conclusion Data show high RRESDO acceptability particularly in women concerned about sexual-dysfunction. Although RRSO satisfaction remains high, regret rates are much higher for premenopausal women than postmenopausal women. HRT use following premenopausal RRSO does not increase satisfaction and reduces vaginal dryness.

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SURGICAL DECISION MAKING IN PREMENOPAUSAL BRCA CARRIERS CONSIDERING RISK REDUCING EARLY-SALPINGECTOMY OR SALPINGO-OOPHORECTOMY: A QUALITATIVE STUDY

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Introduction/Background Acceptance of the role of fallopian tubes in ovarian carcinogenesis and the detrimental sequelae of surgical menopause in pre-menopausal women following risk reducing salpingo-oophorectomy (RRSO), has resulted in risk reducing early salpingectomy with delayed oophorectomy (RRESDO) being proposed as an attractive alternative risk reducing strategy in women who decline/delay oophorectomy. We present the results of a qualitative study evaluating the decision making process amongst BRCA carriers considering prophylactic surgeries (RRSO/RRESDO) as part of the multi-centre PROTECTOR trial (ISRCTN:25173360).

Methodology In depth semi-structured 1:1 interviews conducted using a pre-developed topic guide (development informed by literature review and expert consultation) until informational saturation reached. Wording and sequencing of questions were left open with probes used to elicit additional information. All interviews were audio recorded, transcribed verbatim, transcripts analysed using an inductive theoretical framework and data managed using NVIVO v12.

Results Informational saturation was reached following twenty four interviews. Seven interconnected themes integral to

surgical decision making were identified: fertility, menopause, cancer risk reduction, surgical choices, surgical complications, sequence of ovarian and breast prophylactic surgeries, support, satisfaction. Women for whom maximising ovarian cancer (OC) risk reduction was relatively more important than early menopause/quality of life preferred RRSO, whereas those more concerned about detrimental impact of menopause chose RRESDO. Women preferred educational support groups to online support groups to help with decision-making. Women engage concurrently in both OC and breast cancer (BC) prevention decision-making and we identified a demand for combined OC and BC prevention-surgery. While preventative surgery reduced anxiety, interviewees wished to be routinely offered an 'optional' (not compulsory) consultation with a psychologist. Women managed in specialist familial cancer clinic (FCC) settings compared to non-specialist settings received better quality care, improved HRT access and were more satisfied.

Conclusion Medical, physical, psychological, social contextual factors influence timing of risk reducing surgeries. RRESDO offers women delaying/declining premenopausal oophorectomy, particularly those concerned about menopausal effects, a degree of ovarian cancer risk reduction whilst avoiding premature menopause. Care of high risk women should be centralised to centres with specialist familial gynaecological cancer risk management services to provide a better quality, streamlined, holistic multidisciplinary approach.

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PAP SMEAR SCREENING AMONG FEMALE PATIENTS OF THE IBN ROCHD UNIVERSITY HOSPITAL CENTER: A CROSS SECTIONAL SURVEY

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Introduction/Background Cervical cancer is preceded by a period of pre-invasive state, and is characterized histologically by a broad spectrum of events ranging from cellular atypia to different degrees of cervical intraepithelial neoplasia before progressing to invasive cancer. The association between certain oncogenic (high-risk) strains of HPV and cervical cancer is well established. The purpose of this study is to highlight – through the findings – the importance of emphasizing accurate information about cervical cancer and the purpose of Pap smear for Moroccan women.

Methodology This cross-sectional study was carried out among 500 female patients who had a pap screening at the gynecology and obstetrics department at the UHC Ibn Rochd over a period of 2 years (2016 – 2017).

Results The average age of the patients having a pap smear screening is 39.5 years. The most affected age group is between 30 and 40 years old. 67% of the patients had started sexual activity before the age of 20. A history of recurrent

genital infections was found in 11% of patients. 80% of the patients were in their genitally active period. 2% of the patients had multiple sexual partners. Pap smear results were distributed as follows: 8.4% normal, 53.6% non-specific inflammation, 14.8% specific HPV infection, 6% atrophy, 4.2% ASC-US (Atypical squamous cells of undetermined significance), 2.8% ASC-H (Atypical squamous cells of undetermined significance-cannot exclude HSIL), 5.2% LSIL (Low-grade squamous intraepithelial lesion), 2% AGUS (Atypical glandular cells of undetermined significance), 1.8% HSIL (High-grade squamous intraepithelial lesion), 0.6% detecting the presence of cancer cells.

Conclusion In Morocco, the establishment of a national mass cervical cancer screening program adapted to our epidemiological and socioeconomic context as well as the improvement of hygienic living conditions remains the best means to reduce the incidence and mortality related to cervical cancer

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Quality of life after treatment

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IMPACT OF CERVICAL CANCER ON QUALITY OF LIFE AND SEXUAL FUNCTIONING OF FILIPINO PATIENTS WHO UNDERWENT DEFINITIVE CHEMORADIATION IN THE UNIVERSITY OF SANTO TOMAS HOSPITAL, MANILA, PHILIPPINES

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Impact of Cervical Cancer on Quality of Life and Sexual Functioning of Filipino Patients who Underwent Definitive Chemoradiation in the University of Santo Tomas Hospital, Manila, Philippines

Introduction/Background Cervical cancer is a serious health problem, with nearly 500,000 women developing the disease each year worldwide. The burden of disease of cervical cancer in the Philippines as a developing nation is high. Its incidence rate has persisted from the 1980s up to the present with an annual age-standardized rate of 22.5 cases per 100,000 women. Of the thousands of Filipino women who are diagnosed with cervical cancer, 56% will die within 5 years from the diagnosis.

The aim of this study was to determine the quality of life (QoL) and sexual functioning of Filipino patients with cervical cancer on first consult, 3 months, and 6 months of completion of definitive chemoradiation.

Methodology The study is a 2-year prospective longitudinal observational study. Patients were assessed for QoL and sexual functioning on first consult, 3 months, and 6 months of completion of chemoradiation using the European Organization for Research and Treatment of Cancer (EORTC) QoL Questionnaire QLQ-C30 and EORTC (QLQ-CX24), respectively.

Results Fifty five patients were included for the analysis, and the mean age at the time of the interview was 52 years. Six months after the definitive chemoradiation, patients showed improved global health status/QoL and better physical role, cognitive, and emotional functioning than

first day of treatment. Patients updated lower recurrence of symptoms. As to the sexual functioning impact of definitive chemoradiation on patients with cervical cancer, the patients experienced more problems with sexual activity and sexual enjoyment. Moreover, it is reported that all sexual function scales are correlated with health status of patients 6 months after treatment.

Conclusion This paper aided the health care providers to have a better understanding of the QoL and sexual functioning of cervical cancer patients who deal with its treatment sequelae. In addition, this will help counsel cervical cancer patients on what they could expect in a long term since definitive chemoradiation will have a great impact on their QoL. Furthermore, this study will also contribute on how to improve further research for Filipino women with cervical cancer.

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SEXUAL FUNCTION AFTER PELVIC RADIOTHERAPY: A BRIEF DESCRIPTIVE STUDY IN LOCALLY ADVANCED CERVICAL CANCER PATIENTS

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Introduction/Background Cervical cancer is the most common gynecological cancers in Indonesia, 74% of all cases of gynecologic cancers. In 2018, the incidence of cervical cancer is 9.3% in Indonesia, 84.6% were diagnosed as advanced stage. The primary treatment in advanced cervical cancer is radiotherapy, especially pelvic radiotherapy. Although pelvic radiotherapy is the modality of choice for treatment in advanced cervical cancer, but it has side effects that can affect woman's sexual function.

Methodology The subjects of this study were 34 patients who were diagnosed with cervical cancer stage IIB-IVA and underwent pelvic radiotherapy based on local hospital database in Gynecologic Outpatient Clinic in Kandou Hospital from September 1st 2019 to February 29th 2020. All patients were interviewed with Female Sexual Function Index (FSFI) questionnaire. This questionnaire measures five groups of questions, which are sexual desire, arousal, lubrication, orgasm, satisfaction, and pain to assess sexual function in women.

Results From 34 patients who have undergone pelvic radiotherapy, the FSFI scores of 32 patients are below 26.5 and categorized as female sexual dysfunction (FSD), while two patients have score more than 26.6. The mean of FSFI Score is 10.0.

Conclusion Pelvic radiotherapy has negative effect on the vaginal mucosa. This effect has significantly reduced the sexual function in women after pelvic radiotherapy. Assessment of the Sexual Function of every patients who have undergone pelvic radiotherapy is important to improve comprehensive care for female cancer patients.

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