159 EVALUATION OF PSYCHOLOGICAL DISTRESS AND DESIRE FOR PSYCHOSOCIAL SUPPORT IN GYNAECOLOGICAL CANCER PATIENTS USING THE QSC-R10

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Introduction Many gynaecological cancer patients suffer from psychosocial distress. The goal of this evaluation was to assess the level of distress and desire for psychosocial support in this group of patients based on the psychosocial distress screening at the Department of Gynaecology and Obstetrics, University Hospital of the Technical University of Munich, Germany.

Methodology As part of the self-reporting 10-item Questionnaire on Stress in Cancer Patients-Revised (QSC-R10), which has been validated for the evaluation of psychosocial distress in oncological patients (Book et al., 2011), patients state whether or not and, if applicable, how severely each item applies to them. Answers range from 0 („the problem does not apply to me') to 5 („the problem applies to me and is a very serious problem') and refer to potential disease-related situations. A validated cut-off score >14 indicates significant psychosocial distress. A question regarding the patient's desire for psychological support was added to the screening. Psychosocial support was actively offered in case of significant distress or patient´s desire. Between November 2013 and April 2018, 860 questionnaires were filled in by 325 outpatients at the Department of Gynaecology and Obstetrics and evaluated for the present study.

Results On average, each patient filled in 2.65 questionnaires. The mean patient age on the date of the first filled questionnaire was 60 years. The most frequent cancer diagnosis was ovarian cancer (43%), followed by endometrial cancer (17%). In 10% of questionnaires, patients expressed a desire for psychosocial support, in 74% declined such support and 16% of the surveys showed no answer. 31% of all questionnaires indicated clinically relevant psychosocial distress, 62% remained under the cut-off and 6% were not evaluable due to missing information. Of those exceeding the cut-off, 14% desired psychosocial support, 73% declined support and in 13% of the questionnaires, patients did not comment on their desire.

Conclusion 31% of questionnaires showed clinically relevant psychosocial distress of patients. However, only in 14% of these cases patients showed desire for psychosocial support. This discrepancy is a common phenomenon described in the literature. Further research concerning potential causes and factors associated with high distress-levels will be necessary. For this analysis, the development of the score and the desire for support over time in patients who received several questionnaires has not been taken into account yet. Further investigations in this regard should be considered in order to facilitate needs-based support over time of treatment and disease.

Disclosures Authors did not state any conflicts of interest within the last three years.

326 EFFECTS OF LOCAL LASER TREATMENT ON VULVOVAGINAL ATROPHY FOR WOMEN WITH BREAST CANCER: A PROSPECTIVE STUDY WITH LONG-TERM FOLLOW-UP

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Introduction/Background Women with breast cancer (BC) often suffer from severe vulvovaginal atrophy (VVA) linked to endocrine deprivation, which is worsened by BC treatments and ultimately leads to urinary symptoms, dyspareunia and poor sexual quality of life. Treatment side effects, including gynaecological side effects, could affect adherence to treatment, such as endocrine therapy. We conducted a prospective study on women with BC to evaluate the effect of fractional microablative CO2 laser therapy on VVA in the long term.

Methodology Women with a history of BC, without contraindication to laser therapy and suffering from VVA were proposed to have fractional microablative CO2 laser therapy (MonaLisaTouch®, DEKA) once per month for 3 months. Vaginal health was objectively determined with pH level and trophicity on pap smear. Sexual and urinary quality of life status were assessed using the Female Sexual Function Index (FSFI) score and the Ditrovie score. Measurements were performed at baseline and 6 months. Quality life scores were also assessed about 18 months after the last laser session. Paired statistical tests between baseline and 6 months and between baseline and end of study were computed using R software (version 4.0.2).

Results 46 women with BC (median age [interquartile range] = 56.5 [47.0 – 59.4]) were treated between May and December 2018, of whom 36 were taking endocrine therapy (tamoxifen n=6, aromatase inhibitors ± LHRH agonist n=30). pH level slightly decreased over time (mean = 6.5 (SD 0.9) at baseline versus 6.4 (SD 0.9) at 6 months, p=0.02) whereas trophicity on pap smear did not change. Sexual quality of life was significantly improved at 6 months and at the end of study (mean = 11.3 (SD 7.5) at baseline versus 19.4 (SD 6.7) (p<0.0001) and 15.2 (SD 9.0) (p=0.009)). Ditrovie total score improved at 6 months (mean = 1.05 (SD 0.5) versus 1.2 (SD 0.6) at baseline, p=0.01) but not at the end of study. About 56% of treated women asked for a maintenance laser session at the end of the study.

Conclusion Our data show that fractional microablative CO2 laser is effective for women with BC on VVA's symptoms and gynaecological quality of life. Effects are long-lasting but decrease after a certain time suggesting that maintenance sessions might be necessary. More research has yet to be done on treatment schedule for women with BC, such as number of laser sessions at initiation (3 or 4) and duration before maintenance sessions.

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