**Introduction/Background** We have previously shown that Epithelial Ovarian Cancer (EOC) and its treatments have significant negative effects on Quality of Life (QoL) and long-term fatigue. The aim of the present multicentric VIVROVAIRE2 study was to report the main menopausal symptoms of Epithelial Ovarian Cancer survivors (EOCS).

**Methodology** One hundred sixty-six patients of the 322 EOCS without relapse ≥3 years after first line of treatment accepted to participate to a gynecological consultation carried out by a gynecologist, including a questionnaire related to menopausal symptoms (MS), sexuality, clinical examination, and osteodensitometry. MS (hot flashes and/or night sweats) were described according to natural menopause (NM) or surgically induced menopause (SIM). QoL, fatigue, insomnia and mood disorders were measured with the questionnaires (FACT-G, FACIT Fatigue, ISAD, and HADS).

**Results** Median age was 62 years [20–83], FIGO stage III/IV (48%) and < 10% BRCA1&2 mutated. Histological subtypes were: high grade serous 28%, low grade serous 22%, endometrioid G2-3 (15%) endometrioid G1 (3%), clear-cell 21%, mucinous 5%. All EOCS had surgery, 97% of patients received platinum and taxane chemotherapy, median delay from treatment was 5 years [3–24] and 59 (36%) had SIM. 14% of EOCS had osteoporosis. Half of patients reported MS either hot flashes (47%) or night sweats (32%). 72% with SIM had MS compared to 41% with NM (p<.001). MS were not associated with poor global QoL, fatigue, insomnia or mood disorders. At the gynecological consultation, two-thirds of EOCS reported a decrease in sexual desire notably EOCS with SIM, which showed a greater decreased libido than NM (p<.02).

One hundred seven patients have never been treated with Hormone Replacement Therapy (HRT) including 59 who reported MS and 48 who (40%) had SIM.

Among 85 EOCS with MS, 80 (94%) (38 SIM and 42 NM) did not benefit from HRT after cancer treatment; 76% presented no CI of HRT.

**Conclusion** Menopausal symptoms and sexual disorders are frequently reported by EOCS, particularly among surgically induced menopause patients. A majority of EOCS with MS may benefit from HRT to improve these symptoms.

**Disclosures** The authors declare that they have no conflict of interest in relation to the subject of the article.

**Introduction/Background** The main problem connected with lichen sclerosus is inflammatory process and correlation of this vulgar dermatosis with autoimmune and neoplastic diseases. Photodynamic therapy is one of the most popular worldwide discussed method of treatment of lichen sclerosus. Despite the short history, this method has a quiet good benefits.

The aim of the study was to assess the influence of neoplastic disease on effectiveness of photodynamic therapy used in lichen sclerosus treatment.

**Methodology** Analysis was based on 182 patients with age 31–88 from Outpatient Vulvar Clinic, which is a part of Department of Obstetrics, Gynecology and Gynecological Oncology. Material was divided into 3 groups: patients with neoplastic disease in history, women with positive familiar history of neoplastic disease and women neither medical history nor familiar history of neoplastic diseases.

Analysis was based on immunohistochemical reaction in samples of vulvar biopsy with receptors TLR, mast cells, Langerhans cells and McCP2 - Methyl-Cpg-binding protein 2, vulvoscopic assessment with special scales our own authorship before and 10 weeks after photodynamic therapy and questionnaire of patients’ vulvar symptoms before and after the treatment.

**Results** TLR3, TLR9 and Langerhans cells take part in lichen sclerosus treatment. Photodynamic therapy is one of the most popular world-wide discussed method of treatment of lichen sclerosus. Despite the short history, this method has a quiet good benefits.

**Conclusion** To sum up, the presence of neoplastic disease can influence on tissue and clinical phenotype on effectiveness of photodynamic therapy used in treatment of lichen sclerosus.