MENOPAUSAL SYMPTOMS AND SEXUAL DISORDERS IN EPITHELIAL OVARIAN CANCER SURVIVORS, A GINECO VIVROVAIRE2 STUDY

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, ISI, 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).

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.

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Abstracts

Introduction/Background Necrotizing fasciitis (NF) is a rare but very fatal infection involving and causing necrosis of the subcutaneous tissue and fascia. The incidence of NF is 0.4/100000. NF has a high mortality rate so it is needed an early diagnosis and proper treatment. There are several risk factors of NF. NF presents as painful, patchy discoloration of the skin without margins and a black necrotic plaque at the wound area. Ischemia and tissue necrosis can develop and local anaesthesia can occur because of the nerve damage.

Methodology A 59-year-old Turkish woman was admitted to hospital with a complaint of a postmenopausal bleeding.