Abstract 5 Table 1 Pain intensity by hours, n(%)

	No pain		Mild pain		Moderate pain		Severe pain		Very severe pain		Worst possible pain		P-Value, (Chi Square Test)
Hours	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	
1	7 (50)	9 (64.3)	4 (28.6)	4 (28.6)	2 (14.3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (7.1)	1 (7.1)	0.522 (2.250)
4	5 (35.7)	8 (57.1)	6 (42.9)	3 (21.4)	2 (14.3)	2 (14.3)	0 (0)	0 (0)	1 (7.1)	0 (0)	0 (0)	1 (7.1)	0.449 (3.692)
8	5 (35.7)	8 (57.1)	7 (50)	4 (28.6)	2 (14.3)	0 (0)	0 (0)	1 (7.1)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.239 (5.510)
12	6 (42.9)	7 (50)	5 (35.7)	3 (21.4)	3 (21.4)	1 (7.1)	0 (0)	2 (14.3)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.334 (4.577)
24	7 (50)	6 (42.9)	4 (28.6)	3 (21.4)	2 (14.3)	1 (7.1)	0 (0)	3 (21.4)	0 (0)	0 (0)	0 (0)	1 (7.1)	0.635 (2.553)

Abstract 5 Table 2 Intraoperative and postoperative bleeding

Bleeding	Minimal n (%)		Mild n (%)		Moderate n (%)		Heavy n (%)		Mean ± SD		Means comparisons[a]		P-value (Chi Square test)
	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	Group 1	Group 2	
Intraoperative	3 (21.4)	12 (80)	5 (35.7)	3 (20)	6 (42.9)	0 (0)	0 (0)	0 (0)	1.21 ± 0.8	0.2 ± 0.8	B (.000)	—	0.003
Postoperative	4 (28.6)	10 (71.4)	6 (42.9)	3 (21.4)	2 (14.3)	0 (0)	2 (14.3)	1 (7.1)	1.14 ±1.03	0.43 ±0.85	—	—	0.116

Conclusion* Conization of the cervix under local analgesia is as effective in pain prevention as general analgetica and reduce the amount of bleeding during and possibly after the operation. More resurch is needed to conclude the preferred routh of analgesia.

11 THE QUALITY OF LIFE OF PATIENTS WITH BENIGN AND MALIGNANT GYNAECOLOGICAL TUMORS IN HIMALAYAN REGION RISHIKESH INDIA

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Introduction/Background* QoL (Quality of life) of oncological and non-oncological patients is one of the most sensitive questions in gynecological care. We assessed the quality of life of gynecological patients with benign and malign diseases in our department and revealed the difference between the emotional, physical, spiritual, social/family, functional well-being, financial toxicity, treatment satisfaction with QoL score according to FACIT (Functional Assessment of Chronic Illness Therapy), histopathological type of cancer, BMI, marital status, main symptoms of the disease, age, education were also evaluated.

Methodology QoL was assessed by the first visit, after intervention (operation, chemotherapy) by using FACIT Scoring.

Result(s)* 60 patients with a median age of 41,1 years (22-73) were evaluated. 32 females had histologically proven malignant and 28 had benign disease. Among malignant we found of 46,8% had endometrial, 21,8% ovary, 9,3% cervical, 9,3% vulvar, 3,1% breast cancer. The mean FACIT score in malignant group is 37,4 (34 -58,6) , lowest score observed by cervical cancer. The mean FACIT score in benign group is 37,2 (32,6-55) , lowest score observed by uterine fibroid 34,5. 85% of all patients had access to medical treatment. Lowest financial toxicity score was 5 by benign disease.

Conclusion* Relative low and similar score of QoL in both group shows deficiency in disease care independently from dignity. It is required further investigation and improvement of quality of life in malignant and benign disease in gynaecological cases.

43 FACTORS INFLUENCING PATIENT REPORTED OUTCOMES IN WOMEN WITH ENDOMETRIAL CANCER: VALIDATION OF THE SLOVENIAN EORTC QLQ-EN24 INSTRUMENT

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Introduction/Background* Improved survival in patients with endometrial cancer has led to increased awareness about the quality of life (QoL) after treatment. QoL refers to a multidimensional assessment that includes physical, emotional, and psychological domains. An important part of QoL are patient reported outcomes (PROs). This study assessed PROs in women with endometrial cancer and assessed the impact of therapy on PROs.

Methodology Women with endometrial cancer treated at the University Medical Centre Maribor between January 2016 -

December 2019 were invited to participate in the study in April 2021 by post. Under supervision of EORTC, the authors translated the disease specific EORTC QLQ-EN24 questionnaire to the Slovene language in accordance with EORTC guidelines. Demographic and clinical treatment data was evaluated and correlated with the QLQ-EN24 dimensions. Correlations were performed using the Spearman rank test, continuous data was compared using the Mann-Whitney U test. Data were evaluated using the SPSS for Mac version 23.0

Result(s)* Seventy-nine women participated in this study (response rate 51%). Cronbach's alpha for items in the Slovenian version of the EORTC QLQ-EN24 scale was 0.72. Median age of women was 64 years (36-85). Follow up time was 4 years (2-5). Sexual activity in the last 4 weeks prior to filling out the questionnaire was reported in 26 women (32%). Median body mass index (BMI) was 31 (19-52). BMI was correlated with worse reported outcomes in lymphoedema (r_s=-.246, p<.045) and urological symptoms (r_s=-.246, p<.044). Age was correlated only with items regarding poor body image (r_s=-.350, p<.002), sexual interest (r_s=-.408, p<.001) and sexual activity (r_s=-.506, p<.001). No other symptoms assessed were correlated with age. No patient recorded symptoms were correlated with surgery type (minimally invasive or open surgery) nor with lymph node treatment.

Conclusion* Our pilot study using a Slovenian version of the EORTC QLQ-EN24 showed adequate internal consistency. An initial analysis of the treatment mode did not impact patient reported health symptoms. There is a need for further understanding and support to women to prevent health symptoms post treatment and improve PROs.

103 INDIVIDUALIZING SUPPORT TO IMPROVE QUALITY OF LIFE IN DIFFERENT PHASES OF BREAST CANCER TREATMENT

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Introduction/Background* Due to the improved prognosis of patients with breast cancer, health-related quality of life has become increasingly important. The aim of the study is to evaluate the potential impact of different epidemiological, oncological and treatment parameters on the quality of life at different stages of diagnosis, treatment and follow-up in order to help improve and individualize the support for patients with breast cancer.

Methodology Between January 2019 and January 2021, 189 breast cancer patients were included. The quality of life was assessed using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ-C30) and a German questionnaire quantifying psychological distress (FBK-R10) at three distinct time points: At initial diagnosis as well as after six and 12 months. Sociodemographic and clinical data were also included.

Result(s)* Both the subjective quality of life and the perceived health condition differed significantly between the three time points (p<0.01). After six months, the reported quality of life was significantly lower in all age groups. However, there was a significant improvement in the quality of life after 12 months. There was a trend to full rehabilitation in women age 50 to 69. Further, quality of life was significantly lower in patients undergoing treatment compared to patients in follow-up (p=0.01). Moreover, these patients suffered significantly more frequently from psychological distress (p=0.035) and sexual dysfunction (p<0.05). There was a significant correlation between the EORTC and FBK-R10 questionnaires (p<0.05), suggesting a correlation between quality of life and psychological distress.

Conclusion* The quality of life decreased significantly during the first six months after diagnosis, identifying this time as a period of particular need for a multidisciplinary support system. In addition, patients undergoing treatment should receive special attention given their lower quality of life, greater psychological distress and substantially more sexual dysfunction. A significant improvement in quality of life can be observed 12 months after the initial diagnosis. Future studies should focus on how to regain an improved quality of life earlier and how to implement support systems based on the patients' different needs at different times during the course of the disease.

220 ENHANCED RECOVERY AFTER SURGERY IS FEASIBLE, BENEFICIAL AND SHOULD BE THE STANDARD IN MAJOR GYNECOLOGICAL SURGERIES

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Introduction/Background* Enhanced recovery after surgery (ERAS) protocols are evidence-based protocols designed to standardize medical care, improve outcomes, and lower health care costs. Our objective was to evaluate the implementation of the ERAS protocol, and its effect on recovery during the hospitalization period after gynecological laparotomy surgeries.

Methodology In this retrospective cohort study we compared demographic and clinical data of consecutive patients at a single institute who underwent open gynecological surgeries before (August 2017- December 2018) and after (January 2019- March 2020) the implementation of the ERAS protocol. Eighty women were included in each group.

Result(s)* The clinical and demographic characteristics were similar between the women operated before and after implementation of the ERAS protocol. Following implementation of the protocol, decreases were observed in post-surgical hospitalization (from 4.89±2.56 to 4.09±1.65 days; p=0.01), in patients reporting nausea symptoms (from 18 (22.5%) to 7 (8.8%); p=0.017), and in the use of postoperative opioids (from 77 (96.3%) to 47 (58.8%); p<0.001). No significant changes were identified between the two periods regarding vomiting, 30-day re-hospitalization and postoperative minor and major complications.

Conclusion* Implementation of the ERAS protocol is feasible and was found to result in less postoperative opioid use, a faster return to normal feeding and a shorter postoperative hospital stay. Implementation of the protocol implementation was not associated with an increased rate of complications nor with re-admissions.