

305 **IMPACT OF A TELEMEDICINE LIFESTYLE-BASED REHABILITATION PROGRAM (HEAL) FOR GYNECOLOGIC CANCER PATIENTS**

N Gwacham*, N Mckenzie, J Pepe, S Ahmad, J Kendrick, R Holloway. *AdvenHealth Cancer Institute, Gynecologic Oncology, Orlando, USA*

10.1136/ijgc-2021-ESGO.571

Introduction/Background* Cancer and its treatments can result in physical, psychological, and cognitive impairments. The Healthy Eating Active Lifestyle (HEAL) – GYN “rehabilitation” cancer program was developed to provide intensive group lifestyle training on exercise, nutrition, sleep, social integration, and stress management via a telemedicine platform. The aim of this study was to determine the impact of such an intervention on short-term quality of life for gynecologic cancer patients.

Methodology Gynecologic cancer patients underwent experiential instruction and personalized goal setting through an entirely virtual platform. A multidisciplinary team led by a gynecologic oncologist addressed diet, physical activity, strategies for sleep and stress management, sexual health, smoking cessation and alcohol intake. The intervention was aimed to address unmet psychosocial, emotional, physical, sexual, and spiritual needs common to cancer survivors. Self-administered questionnaires with Likert scales (1-5) were utilized in a pre- and post-fashion to assess improvements in physical activity, dietary and sleep habits, and a general medical symptom questionnaire (MSQ).

Result(s)* We report outcomes on the first 22 participants. The mean age was 58.8 years; 22 were Caucasian, and 7 patients were on maintenance therapy during their enrollment. There was a significant decrease in the average number of general symptoms reported by a comprehensive medical symptom questionnaire (MSQ) (36.39 vs 24.77, $p < 0.05$). Trends towards improvement were demonstrated in eating patterns (4.59 vs 3.74 $p = 0.06$), perceived stress (11.32 vs 10.73, $p = 0.28$), levels of anxiety and depression (10.76 vs 7.68, $p = 0.07$) and weight management (17.55 vs 16.79, $p = 0.23$). Patients also reported feeling an increased sense of purpose and connection as a result of their enrollment in the program (35.57 vs 37.26, $p = 0.07$). Effect sizes (d) within the program were mild to moderate for all evaluated dimensions. 100% of participants would “highly recommend” the program and none complained of stress or altered mood associated with online instruction.

Conclusion* A telemedicine-based peri-habilitation program is feasible and well tolerated. Based on preliminary data, there are trends towards improvement in overall general medical symptoms, eating patterns, perceived stress, levels of anxiety and depression, and physical activity. These findings support continued investigation of a telemedicine-based healthy lifestyle peri-habilitative program.

386 **SURVEY OF MENOPAUSAL SYMPTOMS AFTER CANCER**

¹H Bartels*, ¹F Donohoe, ²A Roberts, ²L Comerford, ³Y O’meara, ¹D Brennan. ¹Ireland East Hospital Gynaecological Oncology Group, Mater Misericordiae University Hospital, Ireland, Gynaecology, Dublin, Ireland; ²Mater Misericordiae University Hospital, Gynaecological Oncology CNS – Survivorship SVUH/NMH, Dublin, Ireland; ³Living Well Cancer Programme, UCD Gynaecological Oncology Group (UCD-GOG) School of Medicine, Catherine McAuley Centre, Eccles Street, Dublin 7, Ireland, Dublin, Ireland

10.1136/ijgc-2021-ESGO.572

Introduction/Background* Women with a history of cancer often suffer with symptoms related to treatment long after their cancer diagnosis. The aim of this study is to explore the extent to which women experience menopausal symptoms following treatment, and the impact this has on their daily lives.

Methodology Women with a history of cancer were invited to participate in an online survey in March 2020. Three separate surveys were completed which focused on menopausal symptoms, sleep disturbance and anxiety. Participants were recruited through patient support groups and via social media.

Result(s)* 418 women responded to the survey, with a median age of 49 (23 – 72). Breast (63%, $n = 265$) and cervical (17%, $n = 71$) were the most prevalent cancers. The menopausal symptoms women found most troublesome and which they would most like to be rid of were hot flushes/night sweats (31%, $n = 96$), disturbed sleep (27%, $n = 85$), and feeling tired or worn out (19%, $n = 56$). Hot flushes severely interfered with women’s quality of life, with 48% reporting “severe” sleep disturbance and 28% ($n = 98$) felt their enjoyment of life was significantly impaired as a result. Sleep was severely affected by menopausal symptoms, with 80% ($n = 324$) of women reported waking up in the middle of the night or early morning and trouble falling asleep again. A significant number of women were using prescribed medication to aid sleep, with 30% ($n = 109$) using medication more than once per week. Furthermore, 43% ($n = 150$) women reported difficulty in staying awake while driving, eating or while socialising at least once a week. Questions relating to anxiety found 75% ($n = 273$) were “unable to relax” during the past month and this was moderate to severe for 45% of women. Furthermore, a fear of dying was reported by 30% ($n = 186$) of women.

Conclusion* This survey highlights the degree to which women suffer on a day to day basis following a cancer diagnosis and living with menopausal symptoms. Sleep disturbance and hot flushes were highlighted as particularly challenging. These data demonstrate the need to develop appropriate evidence based solutions and support services to manage menopausal symptoms after cancer treatment.

405 **SELF-MANAGEMENT AND ADHERENCE TO RECOMMENDED FOLLOW-UP AFTER GYNAECOLOGICAL CANCER: RESULTS FROM THE INTERNATIONAL INCHARGE STUDY**

¹M Skorstad, ^{2,3}B De Rooij, ^{4,5}MM Jeppesen, ⁶SH Bergholdt, ⁷PT Jensen, ^{2,3}N Ezendam, ^{8,9}K Lindemann, ¹⁰T Bohlin, ^{2,3,11}L Van de Poll-Franse, ^{1,12}I Vistad*. ¹Sorlandet Hospital HF Kristiansand, Dept. of Gynaecology and Obstetrics, Norway; ²Netherlands Comprehensive Cancer Organisation, Utrecht, Netherlands; ³CoRPS – Center of Research on Psychology in Somatic diseases, Department of Medical and Clinical psychology, Tilburg University, Tilburg, Netherlands; ⁴Lillebaelt Hospital, Dept. of Gynaecology and Obstetrics, Kolding, Denmark; ⁵Odense University Hospital, OPEN, Odense Patient data Explorative Network, Odense, Denmark; ⁶Odense University Hospital, Dept. of Gynaecology and Obstetrics, Odense, Denmark; ⁷Aarhus University Hospital and Aarhus University, Dept. of Gynaecology and Obstetrics, Aarhus, Denmark; ⁸Oslo University Hospital, Dept. of Gynaecologic oncology, Division of Cancer Medicine, Oslo, Norway; ⁹University of Oslo, Faculty of Medicine, Institute of Clinical Medicine, Oslo, Norway; ¹⁰Vestfold Hospital Trust, Dept. of Gynaecology and Obstetrics, Tonsberg, Norway; ¹¹The Netherlands Cancer Institute, Division of Psychosocial Research and Epidemiology, Amsterdam, Netherlands; ¹²University of Bergen, Clinical Institute II, Medical department, Bergen, Norway

10.1136/ijgc-2021-ESGO.573

Introduction/Background* The growing number of cancer survivors has led to increased focus on follow-up care. Resent

follow-up strategies tend to shift towards personalised care with focus on patient education and self-management. There are limited data on gynaecological cancer survivors' self-management abilities. This study aimed to assess the relationship between self-management skills and adherence to current follow-up guidelines among gynaecological cancer survivors in the Netherlands, Norway, and Denmark. We also assessed the relationship between adherence to follow-up and use of additional healthcare services.

Methodology We conducted an international, multi-centre, cross-sectional study. Gynaecological cancer survivors were recruited 1–5 years after completion of treatment. We obtained information on clinical characteristics, demographics, self-management (Health Education Impact Questionnaire), follow-up visits, and use of healthcare services by validated questionnaires. Based on national guidelines, we categorised participants as adherent if they attended the recommended number of follow-up visits, non-adherent if they had fewer visits than recommended, or over-users if they had more visits than recommended.

Result(s)* Of 4455 invited survivors, 2428(55%) returned the questionnaires. After excluding 992 randomly selected Danish survivors to even the distribution between countries and survivors with more than 5 years follow-up, 911 survivors were included in the study. Survivors with high self-management skills (e.g. ability to manage medical and psychosocial aspects of one's illness) most frequently attended the recommended number of follow-up visits. There were lower self-management skills in the health-directed activity domain, indicating less health-promoting physical activity (OR 1.54, 95% CI 1.03-2.32) among non-adherent survivors compared to adherent survivors. No other associations between self-management and follow-up adherence were revealed. Non-adherent survivors were likely to be older, treated by surgery only, Danish residents and have endometrial cancer. Over-users not only reported more follow-up visits but also used additional healthcare services, such as oncologic rehabilitation and/or oncological nurses, more frequently than adherent survivors.

Conclusion* Possession of low self-management skills appears to reduce the likelihood of adhering to national guidelines for gynaecological cancer follow-up. As personalisation of care is gradually implemented, a special attention on patient education for survivors at risk of low self-management may help to ensure their adherence to recommended follow-up.

460

UNDERSTANDING THE RECOVERY PROCESS AND RETURN TO DAILY ACTIVITY IN WOMEN TREATED FOR CERVICAL CANCER

¹N Millet, ²E Moss*, ¹F Munir, ¹H McDermott. ¹Loughborough University, School of Sport, Exercise and Health Sciences, Loughborough, UK; ²University of Leicester, Leicester Cancer Research Centre, Leicester, UK

10.1136/ijgc-2021-ESGO.574

Introduction/Background* Cervical cancer is predominantly a cancer of younger women and improvements in oncological outcomes have resulted in more women surviving cervical cancer and living with the long-term effects of treatment at a younger age. Understanding the recovery process and the experience of cancer survivors is essential to increase

awareness of the long-term psychological and physical needs of survivors.

Methodology A qualitative study was conducted with the aim of understanding the recovery process and return to daily activity in women treated for cervical cancer. Interviews were undertaken face-to-face and via the telephone using a semi-structured interview schedule. Inductive thematic analysis was used to derive a thematic framework from the data.

Result(s)* Twenty-one women who had been treated for cervical cancer aged 18-60 years and were living in the UK participated in an interview. Analysis of the data revealed themes which described participants' experience and perceptions of treatment as a paradox; physical recovery and self-management strategies of treatment related issues; Psychological coping both in the short and long-term after treatment. A key finding were the nuances in different experiences between treatment types, with physical changes perceived to be more disruptive following radical treatments, whilst psychological repercussions seemed to be significant regardless of treatment type.

Conclusion* This study provides novel insight into the varied recovery experiences of those treated with surgery, chemotherapy, and radiotherapy after cervical cancer, which can be used to improve recovery experiences for future survivors.

533

CREATSAS VAGINOPLASTY IN PATIENTS AFTER PELVIC CHEMORADIATION IN CERVICAL CANCER: A PRELIMINARY STUDY

B Segarra Vidal*, P Padilla Iserte, V Lago, MT Luis Javier, S Domingo. Hospital Universitario y Politécnico de La Fe, Gynecological oncology Unit, València, Spain

10.1136/ijgc-2021-ESGO.575

Introduction/Background* Chemoradiotherapy followed by brachytherapy is the standard treatment in locally advanced cervical cancer and vaginal stenosis is one of the most common side effects after pelvic radiation. Sexual quality is the main condition that does not improve over time in these patients.

Methodology The main objective of this study was to assess the impact of the Creatsas vaginoplasty on the improvement in the sexual life of patients with cervical cancer who have received chemoradiotherapy and have sexual dysfunction measured by The Female Sexual Function Index. The design was an observational prospective individual cohort study between January 2018 - December 2019 of patients report outcomes (PRO) using The Female Sexual Function Index.

Result(s)* A total of 12 patients were evaluated and 6 patients met the inclusion criteria. Among all patients, the global scores of The Female Sexual Function Index questionnaire improved after surgery except for one patient. No patients had post-operative complications. The median of the global score before the surgery was 22.95 (IQR 19.18, 24.92), after 6 months was 26.95 (IQR 24.95, 27.23) and, after 12 months 24.5 (IQR 23.18, 26.42). The global score had increased after the surgery (OR = 1.27 CI 95% [1.087; 1.499]).

Conclusion* This preliminary study suggests that the Creatsas procedure improves the sexual life of cervical cancer patients with vaginal stenosis who have received chemoradiotherapy as the first treatment.