platform, and 5 questions were posed to them over the course of 6 weeks in early 2021. The 5 questions focused on (1) what a survivorship service should offer, (2) what resources would participants recommend, (3) what advice would participants give to a newly diagnosed person, (4) what would a successful service look like and (5) what were the participants' views on virtual follow up post COVID-19. Responses were text-based.

Result(s)* Of the 16 participants selected, 14 engaged in the process. The overall response rate for all questions was 71% with 94 individual messages sent over the conversations.

Participants identified that patient needs for survivorship depend on disease site, stage and treatment modalities and do change over time. Nevertheless, they identified areas such as sexual dysfunction, fertility, peer support groups, career and financial advice as essential for any survivorship service to address. All participants spoke of the need for a designated contact person on their medical team whom they can contact with 'minor' queries. The need for psychological support both formal and informal was also highlighted. Participants also spoke about their own unmet needs and a need to increase supports around the issues of menopause, exercise, nutrition and fatigue management.

Participants also felt there were aspects of a survivorship service which could be offered virtually, however, all would prefer some face-to-face contact with their treating team.

Conclusion* The information provided through this digital advisory board will now inform the work of the Living Well Cancer Programme.

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PATIENT-REPORTED LOWER LIMB LYMPHEDEMA AND QUALITY OF LIFE AFTER RADICAL SURGERY WITH SENTINEL NODE MAPPING FOR EARLY-STAGE CERVICAL CANCER

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Introduction/Background* Sentinel lymph node (SLN) mapping represents a less invasive and more accurate staging technique in women with early-stage cervical cancer, which may reduce or prevent late effects as lymphedema. Despite the increased implementation of SLN mapping, evidence on the potential reduction of lymphedema and its effects on quality of life (QoL) in these women remains scarce. We prospectively evaluated patient-reported lower limb lymphedema and QoL in women with early-stage cervical cancer undergoing radical surgery with SLN mapping.

Methodology In a national multi-institutional study, we included women with early-stage cervical cancer from March

2017-January 2021 to undergo radical surgery including SLN mapping. Women with tumours >20 mm underwent completion pelvic lymphadenectomy (PL). The incidence and severity of lymphedema and QoL were evaluated using validated patient-reported outcome measures before surgery and three months postoperative. Changes over time were investigated using linear regression.

Result(s)* Two hundred of 245 (81.6%) included women completed the baseline and three-month questionnaires. The incidence of lymphedema was 7.2% versus 31.5% in women who underwent SLN mapping alone and completion PL, respectively ($p < 0.001$). Lymphedema scores in the leg, genital, and groin were affected in both groups, but significantly more after PL. The differences between groups remained significant in a multivariate analysis adjusting for, e.g., adjuvant therapy and age. PL significantly affected the severity of lymphedema regarding physical performance ($p = 0.001$), appearance ($p = 0.008$), besides heaviness, weakness, and pain in the legs ($p < 0.001$). Lymphedema was negatively associated with impaired body image ($p = 0.002$), physical ($p = 0.008$), role ($p = 0.04$), and social functioning ($p = 0.007$) and a higher level of fatigue ($p = 0.01$).

Conclusion* SLN mapping combined with PL is associated with a significantly higher incidence and more severe lymphedema three months postoperatively than SLN mapping alone. Lymphedema was associated with lower QoL in several domains.

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CAN PHARMACOGENETICS PREDICT CHEMOTHERAPY INDUCED PERIPHERAL NEUROPATHY IN GYNECOLOGIC CANCER PATIENTS TREATED WITH TAXANE-BASED CHEMOTHERAPY?

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Introduction/Background* Taxane-based chemotherapy used in treating gynecologic malignancies, results in one third of patients developing grade 2 or higher chemotherapy induced peripheral neuropathy (CIPN). Currently, there is no test which predicts who is at increased risk of CIPN. Pharmacogenomic testing may result in the ability to better predict risk of CIPN allowing personalized treatments to avoid this distressing side effect and improve quality of life.

Methodology Patients were enrolled from August 2020 to November 2020 in a prospective, case-control trial evaluating pharmacogenetic predictors of CIPN in women previously treated with at least 3 cycles of taxane-based chemotherapy for histologically confirmed gynecologic malignancies. Buccal saliva samples were used to test for 64 prespecified drug metabolism variations. All testing was performed by α LPHA-GENOMIX laboratories.

Result(s)* Of 102 enrolled patients, 58%, 28%, 14%, and 2% had ovarian, endometrial, or cervical cancers, respectively. The median age was 67, and 72% were white. A total of 16% of patients were treated with 3-4 cycles, 57% received 5-7 cycles, and 27% received 8 or more cycles of chemotherapy. Half of the patients had grade 2 CIPN. There was no difference in age, race, disease site, or number of chemotherapy cycles ($p > 0.05$) when comparing between the two groups. Of the 64 tested pharmacogenomic alterations, CYP3A5 genotype

Abstract 736 Figure 1 Differences in CYP3A5 phenotype compared between all patients, those without CIPN, and those with CIPN CYP3A5 Genotype

($p=0.023$), CYP3A5 phenotype (0.021), and CYP2D6 genotype ($p=0.009$) were associated with increased risk of CIPN. Patients who developed CIPN and had CYP3A5 genomic alterations most often were categorized as having the 3/3 allele (63%) and were also categorized as poor metabolizers (69%). Among the 38 genotypes of CYP2D6 there was no variation which contained the majority of patients.

Conclusion* Pharmacogenomics appear associated with the development of CIPN and maybe able to help personalize treatment decision making. This data supports future large-scale trials to better determine and define molecular variants which lead to CIPN.

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SHORT- AND LONG-TERM UROLOGICAL COMPLICATIONS AFTER SURGERY FOR EARLY-STAGE CERVICAL CANCER

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Introduction/Background* To determine the incidence of short- and long-term urological complications after surgery in patients with cervical cancer.

Methodology We performed a review involving women who underwent radical hysterectomy or trachelectomy for early-stage cervical cancer during the 2011–2020 period at University Hospital La Fe. Women diagnosed with locally advanced

Abstract 871 Table 1 Baseline characteristics

Characteristics	n=96	Rate (%)
Age (years) [mean±SD]	49.1±21.7	
Body mass index BMI [median (range)]	26.5 (17.3-50)	
FIGO stage (2009)		
- IA1/IA2	8	8.3
- IB1	71	74
- IB2	7	7.3
- IIA1	9	9.4
- IIB	1	1

FIGO stage (2018)

- IA1/IA2	8	8.3
- IB1	25	26
- IB2	41	42.7
- IB3	10	10.4
- IIA1	8	8.3
- IIB	1	1

Histological type

- Squamous	53	55.2
- Adenocarcinoma	35	36.5
- Adeno-squamous	2	2.1
- Others (*)	6	6.25

Type of surgery

- Radical hysterectomy	89	92.7
- Radical trachelectomy	6	6.3
- Other: radical colpectomy	1	1

Surgical approach

- LPS	75	78.1
- LPT	15	15.6
- Vaginal	6	6.3

SLN

- Performed	67	69.8
- Not performed		

Surgical time (min) [mean±SD]

	248.3±56.8
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Final FIGO stage (2009)

- IA1/IA2	9	9.4
- IB1	69	71.9
- IB2	9	9.4
- IIA1	5	5.2
- IIA2	1	1
- IIB	3	3.1

Final FIGO stage (2018)

- IA1/IA2	9	9.4
- IB1	19	19.8
- IB2	39	40.6
- IB3	9	9.4
- IIA1	4	4.2
- IIA2	2	2.1
- IIB	3	3.1
- IIIC1	11	11.5
- IIIC2	0	0

Intraoperative complications

- Bowel injury	2	
- Urological injury	7	
- Vascular injury	1	
- Nerve injury	2	
- Others	0	

Short-term postoperative complications (<30 days) (Clavien-dindo)

- II	17	17.7
- III	10	12.5
- IV	0	0
- V	0	0

Medium/long-term postoperative complications (>30 days) (Clavien-dindo)

- II	2	2.1
- III	7	7.3
- IV	1	1
- V	0	0

Hospital stay [mean±SD]

	3.44±1.7
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Mortality (30 days)

	0	0
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(*) Others: small cell neuroendocrine carcinoma, lymphoepithelioma type carcinoma, clear cell carcinoma, adenosarcoma with sarcomatous growth and "glassy cell" adenocarcinoma variant)