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QUALITY OF LIFE OF OMANI WOMEN LIVING WITH GYNECOLOGICAL CANCERS

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10.1136/ijgc-2021-ESGO.583

Introduction/Background* The vast majority of patients with cancers of uterus, the uterine cervix, and a significant number of patients with cancer of the ovary survive their disease and are considered to be cured. However, the diagnosis of cancer and its treatment can affect quality of life (QoL) adversely. There is no study reporting QoL from Oman and there are only a few studies from Arabic-speaking countries. We report the QoL of Omani women living with gynecological cancers.

Methodology We interviewed 20 Omani women attending the medical oncology clinic in a cancer center in Oman using the validated Arabic version of EORTC QLQ-C30 scale.

Result(s)* The majority of women were married (60%) with a median age of 40 years, 65% had ovarian or endometrial cancers, 45% had at least a baccalaureate and 40% were working. The majority (78.9%) received both chemotherapy and surgery for their treatment. Almost 45% women had trouble with long walks, needed to take rest, experienced shortness of breath and disturbed sleep, felt tired, had difficulty in concentrating, and felt irritable. However, 80% rated their overall health as 6 and 7 on a scale ranging from 1 to 7, with 7 being excellent. Furthermore, 95% rated their quality of life in the past week as 5, 6 and 7, with 7 being excellent.

Conclusion* The results indicate that despite the physical and social struggle, Omani women who survive gynecological cancers regard their health-related QoL as very good to excellent.

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QUALITY OF LIFE AND SEXUAL FUNCTIONING AFTER TREATMENT FOR LOCALLY ADVANCED CERVICAL CANCER – CCRT VERSUS NACT-S

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10.1136/ijgc-2021-ESGO.584

Introduction/Background* Locally advanced cervical cancer can be treated by concomitant chemoradiation therapy (CCRT) followed by brachytherapy or by neo-adjuvant chemotherapy followed by surgery (NACT-S). Quality of life (QoL) and sexual health (SH) are important to evaluate after treatment considering the young mean age in affected women and relatively long 5-year survival. This study aims to compare differences in QoL and SH among women treated for locally advanced cervical cancer, after CCRT versus NACT-S.

Methodology In this academic single centre cross-sectional questionnaire study, we included patients > 18 years with a history of locally advanced cervical cancer, who received either CCRT or NACT-S. QoL and SH were assessed using Dutch questionnaires including the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life core module 30 (QLQ-C30), the cervical cancer module 24 (QLQ-CX24), and sexual health questionnaire (SHQ-22). X2-test and T-test were performed to compare the two groups.

Abstract 1109 Table 1 Clinical variables.

	CCRT median (range)	NACT-S median (range)
Total number of patients	12	24
Age	48 (33-82)	47 (24-71)
BMI	24.05 (15-32)	25.2 (20-39)
Year of diagnosis	2013 (2008-2018)	2016 (2008-2018)
Partner?		
Yes	9	20
No	3	4

Result(s)* We sent the questionnaires to 105 women who were treated at our centre in the period between 01-01-2002 and 31-12-2018. A total of 36 patients (34%; n=12 CCRT; n=24 NACT-S) returned the questionnaire and were included for analysis. Six patients in the NACT-S group also underwent adjuvant CCRT. When comparing the CCRT and NACT-S group, 58% vs. 54% did “not at all” feel limited in their daily activities. QoL on average scored 63% vs. 67% (P= 0.29), in the CCRT and NACT-S group respectively. Patients were at least “quite a bit” or “very much” satisfied with their sex life in 25% vs. 54% in the CCRT and NACT-S group, respectively (P= 0.048). A total of 33% vs. 46% did “not at all” communicate with medical professionals about sexual issues in the CCRT and NACT-S group, respectively.

Conclusion* QoL did not significantly differ when comparing the CCRT to the NACT-S group. Satisfaction with sexual life was higher in the NACT-S group. QoL and SH should receive more attention in patients with cervical cancer after treatment.

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ORTHOTOPIC NEOBLADDER CREATION AFTER CERVICAL CANCER

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10.1136/ijgc-2021-ESGO.585

Introduction/Background* Surgery on a radiated pelvis is a challenge for the surgeon due to the scar tissue and loss of anatomical spaces.

After radical surgery it is sometimes necessary to perform a bypass urinary tract, via an ileal conduit, known as Bricker, a continent reservoir or the creation of an orthotopic bladder.

Methodology We are describing the case of a 45 year old patient, affected of stage IB1 cervical cancer

Wertheim Meigs hysterectomy+ bilateral salpingectomy + selective sentinel lymph node biopsy was performed in another center, followed by chemo-radiotherapy and brachytherapy.

Recurrence is detected at 9 months, describing an implant in right hemipelvis in contact with external iliac vein and bladder wall that compromises the right ureter, conditioning hydronephrosis, mesenteric implant and iliac and inguinal lymphadenopathy.

Months later a vesico-vaginal fistula was observed, and she was referred to our center.

Result(s)*

There were not intraoperative complications Orthotopic ileas reconstruction is a complex technique, but it allows a more anatomical reconstruction, avoids the creation of stoma with less impact on the quality of life. It requires integrity of the sphincter and bladder neck and should be assessed and discussed thoroughly with the patient against other possibilities.

Conclusion* It is essential to balance the radicality of the best surgical result with the least possible impact on quality of life

Our next goal should be to obtain the best oncological results and survival with the minimum complications and consequences for our patients.

1131 CARTER DOUBLE-BARRELED WET COLOSTOMY AS A SURGICAL RECONSTRUCTION METHOD AFTER PELVIC EXENTERATION

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10.1136/ijgc-2021-ESGO.586

Introduction/Background* Carter double-barreled wet colostomy (DBWC) is an innovative technique frequently used for pelvic exenteration. The main advantage of this surgical approach is that it keeps the fecal and urine streams separate, thus avoiding fecal reflux and subsequently reducing the risk of ascending pyelonephritis.

Methodology Our aim was to investigate the impact BDWC on quality of life (QOL) after total pelvic exenteration. In our prospective study, self-reported QOL was assessed with the EuroQol 5 Dimensions (EQ5D) QOL questionnaire.

Result(s)* In 2019, two patients underwent total pelvic exenteration involving BDWC in our Institution. Both patients reported an improved QOL after surgery.

Conclusion* Altogether, our findings support the use of the relatively simple and safe DBWC technique in pelvic tumors. Nevertheless, further large-scale studies are warranted to investigate the impact of DBWC on short- and long-term postoperative outcomes, QOL and survival.

Translational research biomarkers

65 THE PROGNOSTIC SIGNIFICANCE OF EUKARYOTIC TRANSLATION INITIATION FACTORS (EIFS) IN OVARIAN CANCER

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10.1136/ijgc-2021-ESGO.587

Introduction/Background* Ovarian cancer represents the most lethal gynaecological cancer. Although treatment options for patients with ovarian cancer have expanded, many patients suffer from disease relapse early after primary treatment. Different targeted therapies based on signalling pathways in ovarian cancer have yielded limited clinical success warranting the evaluation of further biological targets to improve therapy

precision. A potential target is the machinery of protein synthesis, facilitated by eukaryotic initiation factors (eIFs). However, little is known about the role of eIFs in ovarian cancer. The aim of this study was to evaluate the role of different eIFs and their correlation to clinical outcome in ovarian cancer patients.

Methodology We performed immunohistochemical staining for the 6 eIF subunits (eIF1A1, eIF2alpha, eIF2G, eIF5A, eIF5B and eIF6) from samples of women diagnosed with epithelial ovarian cancer (EOC) at the University Medical Centre Maribor, Slovenia between January 2009 and December 2014. For all samples, a composite score of density and intensity of expression was calculated. Expression data was assessed in correlation to recurrence free survival (RFS) and overall patient survival (OS). The statistical analysis was performed using the Spearman rank correlation.

Result(s)* The cohort consisted of 75 women with EOC with a mean age of 61.2 years (SD 11.15). Disease specific death occurred in 74% of women (n=56) and disease recurred in 61% (n=47) women. The eIF subunit eIF5A ($r_s=-.234$, $p<0.043$) was found to be correlated with overall survival and recurrence free survival ($r_s=-.247$, $p>0.033$) in patients with EOC. An overexpression of eIF5A was significantly correlated with RFS ($U=496.5$, $p>0.017$) and OS ($U=398.0$, $p>0.006$).

Conclusion* Further evaluation of the initiation translation cascade in ovarian cancer and specifically the impact the expression of eIF5A has on EOC may be warranted. eIF5A may serve as a prognostic marker in EOC.

174 ANALYSIS OF CONSECUTIVE HIGH-GRADE SEROUS OVARIAN CANCER PATIENTS ALLOWS EFFICIENT CATALOGING OF BRCA1/2 MUTATIONS IN YET UNSTUDIED ETHNIC GROUPS

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10.1136/ijgc-2021-ESGO.588

Introduction/Background* Approximately 15-30% high-grade serous ovarian carcinomas (HGSOCs) are caused by BRCA1/2 germ-line mutations. BRCA1/2 testing of consecutive HGSOC cases is logistically less complicated than the search for women with other clinical signs of BRCA1/2 syndrome (e.g., family history, young age or emergence of multiple cancers). We reasoned that this would be the most straightforward approach to identify ethnicity-specific mutations and investigated patients of Chechen origin. Chechens are a Northeast Caucasian ethnic group consisting of approximately 2 million people. This community is characterized by carefully preserved national and religious traditions, with a relatively low rate of interethnic marriage, and, consequently, high probability of persistence of founder alleles.

Methodology Coding sequences of *BRCA1*, *BRCA2*, *ATM*, *TP53* and *PALB2* genes were analyzed by next generation sequencing.

Result(s)* We initially included in the study 67 consecutive Chechen patients with HGSOC. Pathogenic BRCA1/2 alleles were detected in 12/67 (18%) HGSOC cases; all 8 women with BRCA1 mutation carried the same pathogenic variant (c.3627_3628delAG), while some genetic diversity was