between July 2013 and February 2019. We then analyzed the characteristics of 53 cases of vaginal vault dehiscence based on the mode of hysterectomy and the time to occurrence.
Results Among 6,530 hysterectomy cases, 53 cases of vault dehiscence (0.81%) were found, with 41 occurring after total abdominal hysterectomy (TAH) (0.46%) and 12 occurring after minimally invasive hysterectomy (MIH) (1.05%) (p=0.009). The incidence of dehiscence after MIH was statistically higher in benign diseases. In contrast, a malignant disease was associated with a higher risk of dehiscence after TAH (p=0.011). The time to occurrence, based on the 8-weeks cutoff, varied significantly based on the menopausal status; early-onset dehiscence occurred more frequently in premenopausal compared to postmenopausal women (93.1% vs. 33.3%, respectively; p=0.031). Surgical repair was more frequently required in cases of late-onset dehiscence than in early-onset dehiscence (95.8% vs. 51.7%, respectively; p<0.001).
Conclusions Our results were consistent with the concept that the occurrence of vaginal vault dehiscence may be correlated with the method of surgery. Patient-specific factors, such as menopausal status, uterine weight, and cause of operation, may influence the timing and severity. Thus, personalized counseling may help reduce vaginal vault dehiscence.

EPV272/#115 SCALP COOLING FOR REDUCING ALOPECIA IN GYNECOLOGY ONCOLOGY PATIENTS TREATED WITH DOSE-DENSE CHEMOTHERAPY: A PILOT PROJECT

[1]C Mitric*, [1]B How, [1]E Matanes, [1]Z Amajoud, [2]H Zaaroura, [3]H-H Nguyen, [1]N Drummond, [1]S Salvador, [1]W Gotlieb, [1]S Lau. *[1]McGill University, Jewish General Hospital, Gynecology Oncology, Montreal, Canada; [2]Rambam Health Care Campus, Department of Dermatology, Haifa, Israel; [3]Medi-Soleil Centre, Department of Dermatology, St-Jean-sur-Richelieu, Canada*

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Objectives To determine the efficacy of scalp cooling for the prevention of chemotherapy-induced alopecia specifically in the gynecology oncology patient population.
Methods This prospective pilot study included patients diagnosed with a gynecological malignancy that received DigniCap^{TM}scalp cooling. Patients were divided into two groups based on chemotherapy regimen: Carboplatin with area under the curve (AUC) 5–6 every three weeks and (1) conventional Paclitaxel 175 mg/m^2 every three weeks or (2) Paclitaxel 80 mg/m^2 weekly. A 1–10 visual analogue scale (1- no hair loss, 10- complete hair loss) was used to assess degree of hair loss by patients themselves and by a certified dermatologist using photographs. Changes in quality of life and body image were measured using the European Organization for Research and Treatment of Cancer quality of life questionnaire version 3 (EORTC QLQ-C30) and the Body Image Scale (BIS) for cancer patients.
Results Hair preservation occurred with use of a scalp cooling device for patients receiving weekly Paclitaxel (n=20), but not conventional every three weeks Paclitaxel (n=8). Ten of 15 patients (66.7%) in the dose-dense group lost less than 50% of their hair based on self-assessment and 14 of 16 (87.5%) based on dermatologist assessment. No patient in this group acquired a wig. The quality of life (QoL) scoring had a trend towards worse QoL in the dose-dense group with a trend towards better BIS scores.
Conclusions Scalp cooling may allow for hair preservation in gynecology oncology patients receiving carboplatin AUC 5–6 and weekly paclitaxel 80 mg/m^2 combination chemotherapy.

EPV273/#268 AUDIT OF COMPLICATIONS IN GYNAECOLOGICAL ONCO-SURGERIES AT A TERTIARY CARE HOSPITAL IN SOUTH INDIA

[1]P Veena*, [2]R Sirisha, [3]P Penumadu. *[1]Jawaharlal Institute of Postgraduate Medical Education and Research, Obstetrics and Gynecology, Puducherry, India; [2]JIPMER, Obgyn, Puducherry, India; [3]JIPMER, Surgical Oncology, Puducherry, India*

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Objectives Complications are an inherent part of surgical procedures, more so in onco-surgeries given the radicality of the procedures. Negative outcomes must be audited and classified to find more specific targets for quality improvement. Our primary objective was to study the complications of gynecological onco-surgeries graded according to the Clavien-Dindo grading system. The secondary objective was to evaluate the association between perioperative risk factors and complications of gynecological onco-surgeries.
Methods A cohort of 157 patients who underwent onco-surgeries in a tertiary care center in South India was studied from August 2017 to May 2019. Patients diagnosed with benign lesions by histopathology post-operatively and patients who are not willing to participate in the study were excluded. Post-operative complications were noted and graded according to the Clavien-Dindo grading system.
Results Among a cohort of 157 patients who underwent gynecological onco-surgeries, a complication rate of around 41.1% is observed. Majority of these complications were grade 1 (n=43, 27.3%), grade 2 (n=34, 21.6%) or grade 3A (n=27, 17.2%). Severe complications, i.e.,>Grade 3b, were observed in around 8.2% of the study patients. Vulvar cancer patients had the highest complication rate of around 80% (all grade 3B complications). Among the intra-operative characteristics, only the complexity of the surgery showed statistical association with postoperative complications (p=0.04).
Conclusions Higher grade of complications according to the Clavien-Dindo grading system was significantly associated with duration of hospital stay.

EPV274/#367 MALIGNANCY-ASSOCIATED BOWEL OBSTRUCTION: OUTCOMES & EVALUATION OF THE HENRY SCORE

E Howell*, C Watson, A Puechl, A Alvarez Secord, B Davidson. *Duke University Medical Center, Obstetrics and Gynecology, Durham, USA*

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Objectives Malignant bowel obstruction (MBO) represents a devastating sequelae of gynecologic cancer. The Henry Score was developed to predict 30-day mortality and identify candidates for surgical management of MBO. The initial study only included 25% gynecologic patients, and this score has never been validated in a gynecologic cohort. Our objectives were to

1) assess survival and 2) evaluate predictive utility of the Henry Score for gynecologic patients.

Methods Retrospective review was performed on gynecologic cancer patients admitted with MBO to a single institution between 2016 and 2018.

Results A total of 80 MBO-related admissions were analyzed. 36.25% of patients underwent procedural intervention (surgery (6.25%), stenting (5.0%), or gastrostomy tube (21.3%)). Median length of stay was 5 days (Range 1–46). 30-day readmission rate was 40.0%. Mortality at 1, 3 and 6 months from first MBO admission was 20.4%, 46.3% and 64.8%, respectively. Median survival after first admission was 69.5 days (100 days in the surgical cohort (Range 65–208); 87 days in the non-surgical cohort (Range 1–248)). Mean Henry Score on admission was 2.5 (±1.06). When comparing 'high' Henry scores (4 to 5) vs.'low' scores (0 to 1), high scores were associated with increased hospice admission (46.2% vs. 8.3%) and 30-day mortality (38.5% vs. 0%). Likelihood of procedural intervention and length of stay did not correlate with score.

Conclusions Gynecologic cancer patients with MBO have high rates of readmission and mortality. The Henry Score may have utility in this setting and inform counseling regarding outcomes. Further validation of the Henry Score in this population is warranted.

EPV275/#374 PHOTOBIOMODULATION FOR RADIODERMATITIS PREVENTION IN BREAST CANCER: RESULTS FROM A DOUBLE BLIND RANDOMIZED CONTROLLED TRIAL (PHOTODERMIS TRIAL)

[1]F Fischer-Sgrott, [2]P Rech, [2]O Ruzza, [2]A Cruz, [3]L Sapienza, [4]J Baiocchi, [5]G Baiocchi*. *[1]Universidade do Vale do Itajaí, Physical Therapy, Itajaí, Brazil; [2]CORB Radioterapia, Radiotherapy, Balneario Camboriu, Brazil; [3]Baylor College of Medicine, Radiation Oncology, Houston, USA; [4]Oncofisio Institute, Physical Therapy, São Paulo, Brazil; [5]AC Camargo Cancer Center, Gynecologic Oncology, Sao Paulo, Brazil*

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Objectives Photobiomodulation (PBM) has been described as an adjunct method for skin recovery, though clinical studies in radiodermatitis are scarce. Our aim was to evaluate the impact of PBM in reducing the incidence of radiodermatitis in breast cancer.

Methods A single center randomized double-blind controlled trial (NCT04059809) was carried out and included women who underwent conservative surgery or mastectomy, without immediate breast reconstruction and treated with 3D radiotherapy. Patients were randomly assigned (1:1) to receive usual skin care ± red PBM (660nm) with energy of 3 Joules every 2cm along the breast or plastron. Radiodermatitis were blindly classified by 2 professionals and blinded for the patient.

Results A total of 110 cases were predefined as the study sample size. The recruitment stopped after the interim analysis at 48 cases (26 women in PBM group and 22 in control). Median age was 51.5 years (range,29–78), median total radiation dose of 50.4Gy (range,42–55)%) and 36(75%) cases had conservative surgery. The clinical and pathological variables did not differ between groups. Total of 16 (33.3%) cases had radiodermatitis in the breast plastron and 42 (87.5%) outside the breast plastron area. Radiodermatitis in the breast/plastron was significantly lower in PBM group compared to control [11.5% vs. 59.1%; HR 0.090 (95%CI:0.021–0.39); p=0.001]. However, there was no difference in radiodermatitis rates outside the breast/plastron site (not involved with PBM) for the PBM group compared to the control group [HR1.21 (95% CI:0.21–6.7); p=0.82].

Conclusions Our results suggest that PBM in women with breast cancer treated by adjuvant radiation significantly reduces the risk of radiodermatitis

EPV276/#532 SURGICAL MENOPAUSE: EFFECT OF ESTROGEN-PROGESTERONE AND TESTOSTERONE REPLACEMENT THERAPY ON PSYCHOLOGICAL WELL-BEING AND SEXUAL FUNCTIONING: A SYSTEMATIC LITERATURE REVIEW

[1]A Stuursma*, [2]M Mourits, [3]T De Bock, [3]L Lanjouw, [3]D Idema. *[1]University Medical Center Groningen, Gynaecology and Obstetrics, Groningen, Netherlands; [2]University Medical Center Groningen, Gynaecology and Obstetrics, Groningen, Netherlands; [3]University Medical Centre Groningen, Epidemiology, Groningen, Netherlands*

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Objectives Background: Besides experiencing vasomotor symptoms, women after surgical menopause report moderate to severe psychological and sexual symptoms. Objective: To meta-analyze the effect of estrogen, estrogen-progesterone and testosterone replacement therapy on psychological well-being and sexual functioning in women after surgical menopause.

Methods

Search strategy Medline/Pubmed, EMBASE and PsychInfo were systematically searched until November 2020. Selection criteria: Randomized controlled trials (RCTs) investigating the effect of systemic hormone replacement therapy (HRT) on psychological well-being and sexual functioning in surgically menopausal women were eligible for inclusion. Data collection and analysis: Two independent authors performed study selection, risk of bias assessment and data extraction. Standardized mean differences (SMDs) of the primary outcomes were calculated.

Results Twelve studies were included that investigated the effect of HRT on short (≤12 weeks) or medium term (13–26 weeks). Estrogen-progesterone had a beneficial effect on depressed mood (SMD -0.87, 95%CI:-1.30 to -0.45). Testosterone had a beneficial effect on overall sexual functioning (SMD 0.38, 95%CI 0.11–0.65) and sexual desire (SMD 0.38, 95%CI 0.19–0.56).

Conclusions and implications: Estrogen-progesterone may beneficially affect psychological symptoms after surgical menopause. Testosterone seems to improve sexual desire and overall sexual functioning. As the nature of the studies highly varied and bias could not be excluded, the results of our meta-analysis should be interpreted with great caution. Independent randomized controlled clinical trials investigating the effects of estrogen-progesterone and testosterone on psychological and sexual symptoms after surgical menopause are highly mandatory.