Quality of life after treatment

Abstract 2022-RA-222-ESGO Figure 1

Conclusion EPE are associated with similar post-treatment QoL and survival as traditional PE. These procedures offer potentially curative treatment option for patients with recurrent pelvic tumour attaching/invading pelvic side wall structures.

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QUALITY OF LIFE FOLLOWING PELVIC EXENTERATIONS FOR CERVICAL CANCER

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Introduction/Background Pelvic exenterations’ (PE) impairment on the patient’s Quality of Life (QoL) continues to be a significant concern.

Methodology PE was performed for FIGO stage IVA, recurrent or persistent cervical cancer after definitive radiochemotherapy +/- radical hysterectomy. This study aims to assess the QoL of the surviving patients using two standardized questionnaires EORTC QLQ-C30 and QLQ-CX24.

Results Over the last ten years, 47 PE for cervical cancer were performed. The three-year overall survival (OS) was 61%, and the five-year OS was 48.7%. Out of the 25 alive patients, 18 answered the QoL self-assessment questionnaires. The mean age of the participants was 53 years (36–66). In addition, 78% of patients received chemotherapy before PE, and 22% adjuvant chemotherapy PE. The questionnaires were sent to patients after an average follow-up time of 26 months post-treatment. Regarding the QLQ-C30 questionnaire, the survivors proved an unsatisfactory QoL with an average score of 32.6 out of 100. In addition, the functional status characterized by physical, role, cognitive, emotional, and social scales also had unsatisfactory scores, indicating poor functionality and QoL. The QLQ-CX24 questionnaire assesses the explicit cervical cancer symptoms. It highlighted the unfavorable influence of PE on the QoL with a score of 21.8. In addition, body image, lymphedema, peripheral neuropathy and menopausal symptoms obtained scores indicating a high level of cervical cancer-specific symptoms following the oncological therapy. Regarding sexual activity, the data revealed an increased level of sexual concern, with a score of 72.3. However, no patient confirmed sexual activity following PE. Thus, questions regarding sexual activity, sexual/vaginal function, and sexual satisfaction were left unanswered. A supraregion PE was performed in 61% of patients, and in 39% an infraregion PE with one with impossibility of traditional sexual intercourse.