Quality of life after treatment

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Introduction/Background Pelvic exenteration (PE) remains a standard of care procedure in patients with recurrent pelvic malignancies, especially after primary radiotherapy. New procedures allow to reach free surgical margins in selected patients with tumours attacking/invading pelvic side-wall structures. However, little has been published about quality of life (QoL) after these more extensive surgeries, carrying new types of morbidity especially after resection of large nerves (femoral and sciatic), vessels, or pelvic bones. The aim of the presented study was to compare the quality of life of patients after PE and extended pelvic exenteration (EPE).

Methodology Data from 74 patients who underwent PE (42) or EPE (32) between 2004 to 2019 at a single tertiary gynae-oncology centre in Prague were analysed. EPEs were defined as procedures including resection of internal, external, or common iliac vessels, pelvic side-wall muscles, large pelvic nerves, or pelvic bones (figure 1). Quality of life assessment was performed in surviving patients using EORTC QLQ-C30, EORTC CX-24, and QOLPEX questionnaire developed and validated specifically for patients after extensive pelvic procedures. Two sided Mann-Whitney U test with Bonferroni correction was used for QoL comparisons.

Results With median follow-up of 23.5 months, median overall survival in the whole cohort was 45 months, and median disease-specific survival 49 months. No significant differences in survival were observed between the groups \( (P > 0.999) \).

Thirty-one patients participated in the QoL surveys (20 PE, 11 EPE). Most patients reported good level of physical, emotional, and cognitive functions. No evidence of QoL difference between groups was found, nor did we observe differences in the willingness to undergo treatment again. Both groups reported good satisfaction with their respective therapy.

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 attacking/invading pelvic wall structures.

Abstract 2022-RA-222-ESGO Figure 1

2022-RA-223-ESGO QUALITY OF LIFE FOLLOWING PELVIC EXENTERATION 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 supraregional PE was performed in 61% of patients, and in 39% an infraregional one with impossibility of traditional sexual intercourse.