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 attacking/invasive pelvic side wall structures.

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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.
Abstract 2022-RA-223-ESGO Figure 1

Conclusion  The cost of favorable survival has been translated into poor overall QoL, unsatisfactory functional, social, and symptom scores.

Abstract 2022-RA-462-ESGO

THE EFFECTS OF CERVIRON ON VAGINAL ATROPHY AFTER SURGICALLY TREATED AND ADJUVANT RADIATION THERAPY FOR CERVICAL CANCER

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Introduction/Background  Cervical cancer remains a serious health problem affecting women in Romania and, unfortunately, most cases are still diagnosed in advanced stages of the disease. In such cases both surgery and radiation therapy might be needed, inducing therefore vaginal atrophy. The aim of the current paper is to analyze the effects of Cerviron in patients with previous history of surgically treated and irradiated cervical cancer.

Methodology  The outcomes of 12 patients with this pathological condition in whom Cerviron was administered each day for one month were compared to a similar group of patients in whom intravaginal ovules were not recommended.

Results  At the end of the study patients in whom ovules were administrated had a lower value of the vaginal pH – 7.4 versus 7.7 when compared to those who did not receive any treatment and none of them reported symptoms like vaginal burn or irritation while in the control group eight of the 12 patients reported such symptoms. The cultures retrieved from the vagina demonstrated the presence of pathogenic germs such as streptococcus in two cases among patients submitted to treatment and in six cases among the untreated group. Meanwhile, the clinical examinations revealed the presence of patchy erythema, petechiae and increased friability in 10 cases among untreated patients and only in two cases among those submitted to Cerviron therapy. Overall all patients submitted to adjuvant administration of ovules reported a significantly better quality of life when compared to their counter parts.

Conclusion  Administration of such an adjuvant therapy might be beneficial after heavily treated cervical cancer.

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PREVALENCE OF SEXUAL DYSFUNCTION IN PATIENTS WITH GYNECOLOGICAL CANCER

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Introduction/Background  Cervical and Endometrial Cancer are two gynecological neoplasms that include a common treatment which is the application of intracavitary brachytherapy. These two oncological entities are very frequent in developing countries such as Mexico and their suffering as well as their treatment derive in several acute and chronic complications such as sexual dysfunction. This study aims to describe the prevalence of sexual dysfunction in patients receiving intracavitary brachytherapy, as well as their psychosocial situation and the environment in which patients live their disease.

Methodology  Patients with cervical cancer and endometrial carcinoma who were candidates for brachytherapy and who were free of acute pain at the time of the initial assessment were included. Each patient underwent a series of surveys that evaluate the presence of sexual dysfunction (SyDSF-AP questionnaire) and the psycho-social and demographic status of each patient.

Results  The preliminary analysis of 55 patients treated with at least one application of brachytherapy for endometrial cancer (22%) or cervical cancer (78%) from a national reference cancer center is shown. With a mean age of 46 years, at least 40% of the patients had comorbidity and were overweight. Each patient received definitive treatment according to clinical stage. It was identified that 33% of the population had been victims of domestic violence and a predominance of symptoms associated with depression prior to treatment. The presence of sexual dysfunction was similar before and after brachytherapy treatment.