

Quality of life after treatment

2022-RA-222-ESGO QUALITY OF LIFE AFTER EXTENDED PELVIC EXENTERATIONS

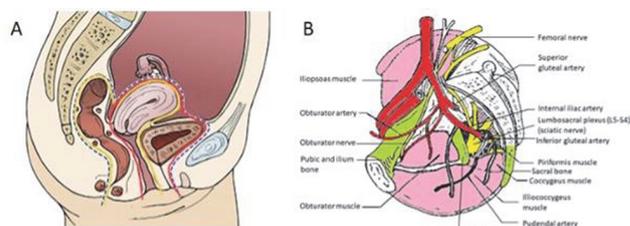
¹Štefan Lednický, ²Eva Hoshlová, ¹Jiří Sláma, ³Markéta Wiesnerová, ⁴Petr Mitáš, ⁵Zdeněk Matějovský, ⁶Michaela Schneiderová, ⁷Pavel Dundr, ⁷Kristýna Němejcová, ⁸Andrea Burgetová, ⁹Libor Zámečník, ¹⁰Michal Vočka, ¹Roman Kocián, ¹Filip Fruehauf, ¹Lukáš Dostálek, ¹Daniela Fischerová, ¹Martina Borčinová, ¹David Cibula. ¹Gynaecologic oncology centre, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ²Department of Psychology, Faculty of Arts, Charles University in Prague, Prague, Czech Republic; ³Institute of Biostatistics and Analyses, Masaryk University, Brno, Czech Republic; ⁴Second surgical clinic – cardiovascular surgery, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ⁵Department of Orthopaedics, First Faculty of Medicine, Charles University and Hospital Na Bulovce, Prague, Czech Republic; ⁶First surgical clinic – thoracic, abdominal and injury surgery, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ⁷Department of Pathology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ⁸Department of radiology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ⁹Clinic of urology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic; ¹⁰Department of Oncology, First Faculty of Medicine, Charles University and General University Hospital, Prague, Czech Republic

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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 attaching/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



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 wall structures.

2022-RA-223-ESGO QUALITY OF LIFE FOLLOWING PELVIC EXENTERATION FOR CERVICAL CANCER

Mihai Emil Capilna, Mihai Stanca. First Obstetrics and Gynecology Clinic, 'GE Palade' University of Medicine, Pharmacy, Science and Technology, Targu Mures, Romania

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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 supraleveatorian PE was performed in 61% of patients, and in 39% an infraleveatorian 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.

2022-RA-462-ESGO **THE EFFECTS OF CERVIRON ON VAGINAL ATROPHY AFTER SURGICALLY TREATED AND ADJUVANT RADIATION THERAPY FOR CERVICAL CANCER**

Nicolae Bacalbasa, Irina C Balescu. Carol Davila University, Bucuresti, Romania

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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 conditions in whom Cerviron was administered each day for one month were compared to a similar group of patients in which 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 examination 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

2022-RA-463-ESGO **PREVALENCE OF SEXUAL DYSFUNCTION IN PATIENTS WITH GYNECOLOGICAL CANCER**

¹Blanca Angélica Soto-Martínez, ²Adelina Alcorta-Garza, ²Fernando Alcorta-Núñez, ²Guillermo Alberto Porras, ³Juan Francisco Gonzalez-Guerrero, ³Alan Reyes-Mondragon, ⁴Daniela Ramos-Guzman, ³Oscar Vidal-Gutierrez. ¹Radiotherapy, Hospital San José TecSalud, Monterrey, Mexico; ²Oncología, Centro Universitario Contra el Cáncer, Monterrey, Mexico; ³Oncología, Centro Universitario Contra el Cáncer, UANL Monterrey, Mexico; ⁴Oncología/Psicooncología, Centro Universitario Contra el Cáncer, UANL Monterrey, Mexico

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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.