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

**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 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.

**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.
Conclusion Sexual dysfunction in gynecological neoplasms has been reported to be as high as 90% in this preliminary analysis; receiving brachytherapy did not significantly modify the prevalence before or after its application. It is important to identify the psychosocial factors in each patient’s context to intervene in a timely manner and that each of the women with an oncologic pathology is evaluated in a comprehensive manner.

Introduction/Background Pelvic exenteration (PE) with neurovascular or bony resections has significant impact on quality of life (QoL) and high morbidity. The primary outcome of this systematic review was the QoL and secondary outcomes included mortality and 30-day mortality after PE with neurovascular or bony resections.

Methodology The protocol was registered in PROSPERO, and included specific search strategies for PubMed, EMBASE, Cochrane Library, Google Scholar, Web of Science and ClinicalTrials.gov. Studies published from 1966 onwards reporting on QoL of patients who underwent PE with neurovascular or bony resections were considered eligible. Study selection, data extraction, rating of evidence (GRADE) and risk of bias were performed independently by two reviewers using Rayyan.

Results Of 341 identified records, 10 studies on 89 patients were included: 1 prospective study, 6 retrospective studies, and 3 case reports. All studies were very low quality with an overall serious risk of bias. The primary tumour was located in the cervix (n=42), uterus (n=22), vulva (n=11), vagina (n=3), ovary (n=3), Gartner duct (n=1) or synchronous tumours (n=3). For 4 patients the primary tumour was not reported. Bony resections included the pubic (n=9) and pelvic bone (n=9), hemipelvectomy (n=7), sacrectomy (n=2) and the transverse process of L5 (n=1). Margins were negative in 69 patients and were not reported for 6 patients. 14 patients had positive margins (R1: n=6; R2: n=3; ‘positive’: n=5).

Conclusion Despite the sparsity of published studies, QoL seems to be improved after PE with neurovascular or bony resections in a highly selected patient group. There is a need for collecting QoL outcomes in a validated and uniform manner.

2022-RA-570-ESGO GYNECOLOGICAL CANCER TREATMENT AND COUPLE’S SEXUALITY

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Introduction/Background The aim of the study was to explore changes occurring in couples’ sexuality after gynecological cancer treatment and to extract those areas that should be thoroughly investigated in study designed to propose interventions to improve couples’ sexuality after cancer.

Methodology 69 gynecological cancer survivors were eligible for this pilot retrospective cohort study. During the control visit BETTER model was used for sexual counselling. DSM-5 criteria were used to assess female and male sexual dysfunction.

Changes is Sexual Function Questionnaire (CSFQ) and Female Sexual Distress Scale (FSDS-R) was used to assess couples’ sexuality after treatment.

Results 30 couples were finally included in the study. Six women met the DSM-5 criteria for sexual dysfunction (20.0%). However, sexual distress (FSDS-R) was noted in women survivors. A lower satisfaction from women as a lover (3.2 vs 4.4), lower sexual satisfaction both in self-centered and partner-centered domain (3.8 vs 5.2, respectively) compared to male partners. Ten men reported Erectile Dysfunction. A lower satisfaction from women as a lover (3.2 vs 4.4), lower sexual satisfaction both in self-centered and partner-centered domain (3.8 vs 5.2) was seen in partners.

Conclusion Treatment of gynecological cancer does not decrease frequency of sexual activity but causes changes in its diversity. Differences in perception of sexual function, needs, satisfaction and sexual activity between woman and partner.