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.

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=11) 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), 30-day mortality was 1.1% (1/89), 3 studies reported on improved QoL after surgery, of which only one used a validated QoL questionnaire. Most frequently reported complications were infectious.

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.
are noted leading to possible disturbances in couples’ sex life. In cancer survivals with sexual partner both partners should be carefully consulted.

**Introduction/Background**

Treatments of non-epithelial rare germ cell tumors (GCT) and sex cord stromal tumors are associated with long survival. They mainly include conservative surgery plus chemotherapy (CT) [bleomycin, etoposide and cisplatin (BEP)] depending on stage and prognostic factors. As reported in testicular cancer survivors, BEP may induce late side effects with negative impact on quality-of-life (QOL). The French Rare Malignant Gynecological Tumors (TMRG)/GINECO case-control study assessed long term QOL among survivors treated with BEP as compared to age-matched healthy women (HW).

**Methodology**

Non-epithelial ovarian cancer survivors (nEOCS), cancer-free ≥2 years after end of treatment, were identified from the INCa French Network for TMRG. HW were issued from the ‘Sentiinelles’ research platform. QOL (FACT-G/FACT-O), chronic fatigue (MFI), anxiety/depression (HADS), insomnia (ISI), neurotoxicity (FACT/GOG-NTX), cognition (FACT-COG) and sexuality items (FACT-OCS) were compared between nEOCS and HW. A minimal 5% difference of scores between groups was considered as clinically relevant.

**Results**

144 nEOCS (including 112 GCT) plus 144 age-matched HW were enrolled (mean age at inclusion: 38; 60% <40). Median delay from the end of treatments to inclusion was 6 yrs. At inclusion, 42% of nEOCS were menopausal versus 17% of HW (p<0.001). General and ovarian QOL, fatigue, anxiety/depression and insomnia scores were similar between nEOCS and HW. Although nEOCS reported clinically significant (6%) better social functioning (p=0.006), nEOCS reported more perceived cognitive impairment than HW (31 vs 14%, p<0.001) and clinically significant (8%) neurotoxicity (p<0.001). They also reported less interest in sex (35% vs 55%, p<0.001) and more concern of childlessness (31% vs 13%, p=0.007) than HW, whatever the menopausal status.

**Conclusion**

6 yrs after BEP CT, most of nEOCS reported similar global QOL as HW, but they experienced more often premature menopause, some late side effects on cognition, neurotoxicity and sexuality that may impact their daily life.