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

Long Term Quality of Life After Chemotherapy Among Rare Ovarian Cancer Survivors: The National GINECO Case-Control VIVOVAIRE Rare Tumors Study

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 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. The response rate was 85% (n = 459) and the study group included 250 nEOCS (including 112 GCT) plus 144 age-matched healthy women (HW).

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.

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.