FACTORS INFLUENCING SHORT-TERM POSTOPERATIVE HEALTH-RELATED QUALITY OF LIFE DETERIORATION IN PATIENTS UNDERGOING GYNECOLOGIC ONCOLOGIC SURGERY

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Introduction/Background The aim of the study was to identify potential personal, disease- or treatment-related factors that could negatively impact the short-term health-related quality of life (HRQoL) in patients treated surgically for gynecologic cancer.

Methodology Patients scheduled for elective surgical treatment of a malignant neoplasm originating from the uterine cervix, endometrium and/or ovaries at the Department of Gynecologic Oncology at the University clinic of Gynecology and Obstetrics, University ‘Ss. Cyril and Methodius’, Skopje, Macedonia, The Former Yugoslav Republic of; ‘Medical faculty, University ‘Goce Delchev’, Strp, Macedonia, The Former Yugoslav Republic of

Conclusion HRQoL was quantified using the Functional Assessment of Cancer Therapy-General (FACT-G) questionnaire initially before the surgical treatment and at 1 month postop. Results We analyzed data from a total of 149 patients. Ninety (60.4%) patients had endometrial cancer, 31 (20.8%) had cervical cancer and 28 (18.8%) patients had ovarian cancer. We identified a clinically relevant decline in HRQoL in 54 (36.2%) of the patients 1 month after surgery. The bivariate analysis identified smoking, comorbidities ECOG-PS, disease stage, surgical radicality, systematic lymphadenectomy, residual disease after surgery and postoperative complications as factors that influence the HRQoL 1 month postop. Independent predictors of a statistically significant and clinically relevant decline of HRQoL 1 month after surgery in the multivariate analysis were smoking, (OR=5.07, 95%CI 1.54–16.69, p=0.01), low ECOG performance status (OR=3.34, 95%CI 1.37–8.1, p=0.001 for each increase in ECOG-PS), advanced stage disease (OR=1.74, 95%CI 1.02–2.98, p=0.04 for each increase in disease stage) and residual disease after completing the surgical treatment (OR=4.08, 95%CI 0.95–17.51, p=0.05).

Conclusion Certain patient- and disease-related factors potentially negatively influence short-term postoperative HRQoL in gynecologic oncologic patients, irrespective of the specifics of the surgical treatment.

THE FOLLOW-UP OF PATIENTS WITH HIGH RISK OF URETERIC POSTOPERATIVE COMPLICATIONS – PRESENTATION OF OUR PROPHYLACTIC METHOD

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Introduction/Background The objective was to explore our method of prophylaxis and detection of elevated risk of ureteric postoperative complications after laparoscopic radical hysterectomies in the Oncology Centre Opole (OCO), Poland performed in the years 2020–2022

Methodology All women underwent radical hysterectomy for benign (deep infiltrating endometriosis, DIE) or malignant (endometrial or cervical cancer) indications. All DIE patients had external infiltration of the ureter or rigid adhesions. The visual functional assessment of the ureter and the ICG-vascularisation check was performed to detect the high risk patients. In case of any risk factor of ureteric postoperative damage the cystoscopic procedure of JJ-stenting was performed. The prolonged JJ stent maintaining, for up to 3 months, was obligatory. After the JJ stent removal, the cystoscopic evaluation was performed and patients were qualified to the follow up group or in case of any serious postoperative complication, the laparoscopic reoperation was planned and performed the next day.

Results Of all women undergoing radical hysterectomy, the high risk group consisted of 50 patients, all had JJ stenting of one or both ureters. Amongst them there were 5 ureteric injuries: 3 mechanical injuries, 2 ureteral tumor removal. All patients had the complete dissection of the ureter down to the ureteric canal. The reparation procedures consisted of 3 ureter retransplantations, 2 Boari flap procedures, 1 bilateral uretero-ileo-cystoneostomy. There was no ureteric postoperative complications reported in the group without JJ-stenting intervention. Diagnosis of the injury or risk of the injury was always set during the operation time and none of them was delayed. In the rest of patients no intervention was necessary.

Conclusion Immediate identification of the high risk patients and prolonged stenting of ureters allow the instantaneous repair of ureteral complications in patients who need it.

ELUCIDATE THE MECHANISM OF LYMPHEDEMA FROM THE ANALYSIS OF LYMPHATIC FUNCTION AND MORPHOLOGY BEFORE AND AFTER PELVIC LYMPHADENECTOMY USING INDOCYANINE GREEN FLUORESCENCE LYMPHANGIOGRAPHY

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Introduction/Background It is said that lymphedema develops in 20–40% of patients after pelvic lymphadenectomy in gynecological surgery. While several risk factors have been shown, many patients develop lymphedema without them. We therefore hypothesized that innate lymphatic function and morphology contribute to the development of lymphedema. In this study, to elucidate the mechanism of lymphedema from the aspects of lymphatic function, we evaluate the changes in the lymph duct before and after surgery using indocyanine green (ICG) fluorescence lymphangiography.

Methodology From November 2019, we started the study as a specified clinical trial. We planed to perform ICG fluorescence lymphangiography four times, preoperatively and 1.3.9 months after operation, to the patient who were scheduled pelvic lymphadenectomy due to the gynecological malignant cancer. In
addition to the ICG fluorescence lymphangiography, we also analyzed physical findings.

Results By the present, we have performed the test on 14 patients including 6 cervical cancer, 7 corpus cancer and 1 fallopian tube cancer. So far, we have obtained the following three new findings. (1) If a patient already has lymphedema preoperatively, there is no improvement after lymphadenectomy; (2) Lymphedema that was present at 1 month after surgery may improve over time; and (3) Though the lymphangiography pointed out the lymphedema without subjective symptoms, lymphedema may become apparent later.

Conclusion The results of the intermediate analysis to the present show significant findings that innate lymph duct function and morphology may be involved in the development of lymphedema. The final evaluation will be made at the time of 30 cases registered for this study.

2022-RA-867-ESGO DOES THE USE OF LONG-TERM ASPIRIN REDUCE RISK OF POST OPERATIVE VTE IN GYNAECOLOGICAL CANCER PATIENTS

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Introduction/Background Gynaecological cancer patients are at elevated risk of VTE. Aspirin has shown to be effective in reducing arterial thrombosis risk. In a study looking at role of aspirin in reducing VTE risk in elderly cancer patients. Patients who received aspirin had a lower incidences of acute PE, DVT. In hospital mortality was lower in patients receiving long term aspirin who had lung, colon, pancreatic, prostate, kidney, breast cancer, lymphoma, and leukaemia. Aim of the study: To investigate the effect of long-term aspirin therapy on VTE rates post gynaecological cancer surgery.

Methodology A retrospective cohort study. 1085 gynaecological cancer patients who underwent surgery in St. James’s Hospital between 2006 and 2019. The primary outcome variable was objectively confirmed VTE within 1 years of gynaecological cancer surgery. A secondary outcome was the effect of VTE on progression free and overall survival.

Results 1022 completed 1 year follow up. 498 (45.9%) ovarian cancer, 412 (38%) endometrial cancer and 107 (9.9%) cervical cancer. The mean age at time of surgery 57 (18–93). The mean BMI was 30 (14–73). 92 patients were on long term aspirin for medical comorbidities. 6 patients had missing data on aspirin use. A total of 74 patients had VTE during 1st year follow-up (7.24%). 5 patients who suffered a VTE were on long term aspirin therapy. There was no significant difference in VTE rates at 1 year in patients who were on long term aspirin compared with those who did not take aspirin (5.7% v 7.3%). Overall survival rate (P= 0.33) or on progression free survival (P=0.173) were similar in both groups.

Conclusion Our study showed that long term aspirin did not significantly affect VTE rates in gynaecological cancer patients. The number of patients in our study was small and these findings require confirmation with large scale studies.