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 (7.2%). 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.

2022-RA-954-ESGO EFFECT OF ELAPSED TIME AFTER TREATMENT ON OVERALL QUALITY OF LIFE, NEUROTOXICITY, SEXUAL LIFE, LYMHPHEDEMA, AND UTILITY IN OVARIAN CANCER SURVIVORS (OVQOL)

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Methodology This is a secondary analysis of a cross-sectional study which investigated overall quality of life, neurotoxicity, sexual life, lymphedema, and utility in ovarian cancer survivors. One hundred seventy six patients with epithelial ovarian cancer who received platinum-based chemotherapy as the first-line treatment and did not suffer a recurrence were included in this analysis. Associations of elapsed time after treatment with overall quality of life (NFOSI 18, NCCN/FACT Ovarian Symptom Index-18), neurotoxicity (NTX4), sexual life (FSFI-6K, Female Sexual Function Index Scoring), lymphedema (GCLQ, Gynecologic Cancer Lymphedema Questionnaire), and utility (EQ-5D, EuroQol-5 dimension) were visualized via line plot.

Results Overall quality of life (NFOSI 18) improved till 3 years (29 at 1 year -> 28 at 2 year -> 26 at 3 year) after treatment and plateaued. Neurotoxicity (NTX4) improved till 5 years after treatment (8 -> 7.5 -> 6->5), but it did not reach a normal level (score 0). Sexual life (FSFI-6K) improved till 3 years after treatment (4->7->10) and plateaued at score 10 indicating female sexual dysfunction (score<21). Lymphedema (GCLQ) not improved over time (15 -> 14 -> 16.5), and it did not return to a normal level over time (score>5). Utility (EQ-5D index) improved till 3 years after treatment (0.8250->0.875->0.925) and EQ-5D VAS improved gradually till 5 years after treatment (71.5->72->73->76->74) suggesting gradual recovery of utility over time.

Conclusion In ovarian cancer survivors, the quality of life, symptom burdens and utility slowly improved as elapsed time after treatment increases, but were not fully recovered.

2022-RA-972-ESGO QUALITY OF LIFE IN PATIENTS WITH ADVANCED OVARIAN CANCER AFTER PRIMARY DEBULKING SURGERY VERSUS NEOADJUVANT CHEMOTHERAPY: RESULTS FROM THE RANDOMIZED SCORPION TRIAL

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Methodology A total of 298 patients with advanced ovarian cancer who received platinum-based chemotherapy as the first-line treatment and did not suffer a recurrence were included in this analysis. Associations of elapsed time after treatment with overall quality of life, neurotoxicity, sexual life, lymphedema, and utility in ovarian cancer survivors. One hundred seventy six patients with epithelial ovarian cancer who received platinum-based chemotherapy as the first-line treatment and did not suffer a recurrence were included in this analysis. Associations of elapsed time after treatment with overall quality of life (NFOSI 18, NCCN/FACT Ovarian Symptom Index-18), neurotoxicity (NTX4), sexual life (FSFI-6K, Female Sexual Function Index Scoring), lymphedema (GCLQ, Gynecologic Cancer Lymphedema Questionnaire), and utility (EQ-5D, EuroQol-5 dimension) were visualized via line plot.

Results Overall quality of life (NFOSI 18) improved till 3 years (29 at 1 year -> 28 at 2 year -> 26 at 3 year) after treatment and plateaued. Neurotoxicity (NTX4) improved till 5 years after treatment (8 -> 7.5 -> 6->5), but it did not reach a normal level (score 0). Sexual life (FSFI-6K) improved till 3 years after treatment (4->7->10) and plateaued at score 10 indicating female sexual dysfunction (score<21). Lymphedema (GCLQ) not improved over time (15 -> 14 -> 16.5), and it did not return to a normal level over time (score>5). Utility (EQ-5D index) improved till 3 years after treatment (0.8250->0.875->0.925) and EQ-5D VAS improved gradually till 5 years after treatment (71.5->72->73->76->74) suggesting gradual recovery of utility over time.

Conclusion In ovarian cancer survivors, the quality of life, symptom burdens and utility slowly improved as elapsed time after treatment increases, but were not fully recovered.

Introduction/Background In the SCORPION trial, neo-adjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) was shown to achieve similar survival results with lower toxicities when compared with primary debulking surgery.