FOLLOW-UP IN GYNECOLOGICAL CANCER SURVIVORS: AN EORTC QLG-GCG SURVIVORSHIP STUDY - TRIAL IN PROGRESS

1Eva Greimel, 2Antonio Casado, 3Annmarie Ferrero, 4Fernanda Herrera, 5Claudia Schmalz, 18Stefano Greggi, 19Luis Perez-Romasanta, 10Andrew Bottomley, EORTC 1514 study group. 1Medical University of Graz, Graz, Austria; 2Hospital Universitario San Carlos, Madrid, Spain; 3Hospital Universitario La Paz, Madrid, Spain; 4Azienda Ospedaliera Ordine Mauriziano di Torino, Turin, Italy; 5Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland; 6Statistical Department, EORTC HQ, Brussels, Belgium; 7EORTC HQ, Brussels, Belgium; 8UMC-Academisch Ziekenhuis, Utrecht, Netherlands; 9Statistical Department, EORTC HQ, Brussels, Belgium; 10Univerzitní Ziekenhuis Gent, Ghent, Belgium; 11Northampton General Hospital NHS Trust, Northampton, UK; 12Complejo Hospitalario de Navarra, Navarra, Spain; 13Ospedale San Gerardo, Monza, Italy; 14King Hussein Cancer Center, Amman, Jordan; 15Medical University Of Gdańsk, Gdańsk, Poland; 16Universiteitsklinikum Schleswig-Holstein, Kiel, Germany; 17RCCS – Fondazione G. Pascale, Napoli, Italy; 18Hospital V De La Vega, Salamanca, Spain.

Introduction/Background Routine follow-up for patients treated for gynecological malignancies aims to detect early recurrence, provide support and to evaluate treatment related morbidity and mortality. Evidence-based follow-up strategies are still lacking and the effectiveness of routine follow-up procedures in terms of survival and quality of life needs to be redefined. The main objective of this project is to determine the range and prevalence of physical, psychological and social problems following gynecologic cancer treatment, to evaluate the impact of gynecologic cancer and its treatment on quality of life and to identify patterns of physical, psychological and social problems based on demographic and clinical factors.

Methodology The EORTC 1514-QLG-GCG is an international cross-sectional non-interventional follow-up study in patients who are disease-free at least 6 months but no more than 5 years since completion of primary treatment for cervical, endometrial, ovarian (including fallopian tube and peritoneal primary) or vulvar cancer. Institutional data, demographic data, tumour characteristics, treatment history and comorbidities are collected. The patient is required to complete a questionnaire set including the EORTC QLC-G30, OUT-PATSAT-C7, QLQ-SHQ22 and Distress Thermometer, totalling 76 questions. A total of 1100 patients is expected to be enrolled, allowing estimation of prevalence rates with a 95% confidence interval no wider than 3% and 95% power to detect a 10% difference between two cohorts. Patients will be stratified by cancer site (ovarian; cervical; endometrial; vulvar) and treatment (Surgery only; Surgery + Radiotherapy; Surgery + Chemotherapy; Chemotherapy + Radiotherapy w/o surgery).

Results As of May 2022, the trial has recruited 960 patients from 21 institutions and is expected to complete recruitment by end of 2022.

Conclusion Information gained from this project will be useful for redefining follow-up programs including objective outcomes such as late adverse treatment effects as well as subjective outcomes such as patients’ psychosocial distress and quality of life.

HORMONAL REPLACEMENT THERAPY AFTER GYNECOLOGICAL MALIGNANCIES – CRITICAL LITERATURE REVIEW

Vid Jarsa, Eva Skuk, Branko Cvjetcanin, Natasa Kenda Suster, Kristina Drusany Staric, Tina Kunic, Katja Jakopic Macek, Mateja Lasic, Luka Kovac, Mija Blaganje, Marina Jakomovska Stefanovska, Borut Kobil, Andrej Zore, Spela Smoljik, Leon Meglic. OB/GYN, University Medical Centre Ljubljana, Ljubljana, Slovenia.

Introduction/Background Hormone Replacement therapy (HRT) after surgery for gynecological malignancy is controversial. Although the first aim is achieving the best oncological outcome, we must take into consideration quality of life and long-term health outcomes. Most gynecological malignancies are considered hormonal dependent and therefore theoretically there is a risk that HRT increases the risk for recurrence of malignant disease.

Methodology A comprehensive literature research of studies on hormone replacement therapy in gynecologic cancer survivors was performed in the Pubmed Database for the literature published in the last 10 years.

Results HRT is contraindicated in survivors of breast cancer, endometrioid type of epithelial ovarian cancer, granulosa cell ovarian tumors, endometrial cancer, leiomyosarcoma and endometrial stromal sarcoma of the uterus. HRT is generally considered safe in epithelial ovarian cancer, vulvar, vaginal and cervical cancer. Caution is needed with adenocarcinoma of the cervix. Some studies seem to support that HRT does not impact negatively on outcome even in endometrial cancer survivors.

Conclusion HRT does not appear to increase the risk for gynecological malignant disease recurrence. Decision for HRT prescribing should be individualised and after patients informed consent. The gynecological-oncological society should encourage more studies and consider about consensus on HRT in cancer survivors to help gynecologist in every day practice and patients with her everyday menopausal issues.