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

¹Eva Greimel, ²Antonio Casado, ³Ignacio Zapardiel, ⁴Annamaria Ferrero, ⁵Fernanda Herrera, ⁶Andrew Nordin, ⁷Petronella Ottevanger, ⁸Eleonora van Dorst, ⁹Corneel Coens, ¹⁰Beauvois Melanie, ¹¹Katrien Vandecasteele, ¹²Roshan Agarwal, ¹³Ana Elena Villafranca Iturre, ¹⁴Sofia Meregalli, ¹⁵Hanan Almasri, ¹⁶Dagmara Klasa-Mazurkiewicz, ¹⁷Claudia 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; ⁶Queen Elizabeth The Queen Mother Hospital, Margate, UK; ⁷Radboud University Medical Center, Nijmegen, Netherlands; ⁸UMC-Academisch Ziekenhuis, Utrecht, Netherlands; ⁹Statistical Department, EORTC HQ, Brussels, Belgium; ¹⁰EORTC HQ, Brussels, Belgium; ¹¹Universitair Ziekenhuis Gent, Ghent, Belgium; ¹²Northampton General Hospital NHS Trust, Northampton, UK; ¹³Complejo Hospitalario de Navarra, Navarra, Spain; ¹⁴Ospedale San Gerardo, Monza, Italy; ¹⁵King Hussein Cancer Center, Amman, Jordan; ¹⁶Medical University Of Gdansk, Gdansk, Poland; ¹⁷Universitaetsklinikum Schleswig-Holstein, Kiel, Germany; ¹⁸IRCCS – Fondazione G. Pascale, Napoli, Italy; ¹⁹Hosp. V De La Vega, Salamanca, Spain

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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-QLQ-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 QLQ-C30, 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.

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HORMONAL REPLACEMENT THERAPY AFTER GYNECOLOGICAL MALIGNANCIES – CRITICAL LITERATURE REVIEW

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

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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 their everyday menopausal issues.

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USE OF RADIOTHERAPY PLANNING CT SCANS TO PREDICT RISK OF INSUFFICIENCY FRACTURES FOLLOWING PELVIC RADIOTHERAPY

¹Amy Cooper, ²Jennifer Morgan, ²Mark Zahra. ¹Oncology, Edinburgh Cancer Centre, Edinburgh, UK; ²Edinburgh Cancer Centre, Edinburgh, UK

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Introduction/Background Published studies quote up to 19.7% of patients treated with radical pelvic radiotherapy (RT) develop pelvic insufficiency fractures (PIF) post-treatment. We hypothesize that the risk is greatest in patients with low bone mineral density (BMD) prior to starting RT, and this could be estimated from the planning CT data.

Methodology We identified 23 patients treated with radical RT for cervical cancer who developed PIF confirmed on imaging. These patients were matched 1:2 to age-stratified controls (nonPIF) who received similar treatment. Hounsfield units (HU) were measured on radiotherapy planning scans using Eclipse treatment planning software, for L2/L4 and L5

vertebral bodies and S1 and S2 vertebrae. HU measurements of the trabecular bone were then converted to quantified CT measurements (qCT) using the equation $qCT = 17.8 + (0.7 \times HU)$. T-test for unequal variance was used to assess for statistical difference between the 2 cohorts, with 2-tailed significance testing taken as $p \leq 0.05$.

Results The 2 cohorts were well matched for age (median 58 years nonPIF vs 59 years PIF) and for BMI (26.5 for nonPIF vs 26 for PIF). There was a consistent trend toward lower measurements of Hounsfield units and calculated qCT values for the PIF group compared to the nonPIF group. The differences reached statistical significance for measurements of sacral bones (see table 1). In the PIF group 96% (22/23) of PIFs were in the sacrum.

Abstract 2022-RA-1308-ESGO Table 1

	Non PIF	PIF	2 tailed p-value for T-test
median qCT L2/L4	114.2	108.6	0.068
median qCT L5	123	104	0.067
median qCT S1	104.8	82.8	0.019
median qCT S2	82.6	61.5	0.017

Conclusion Pelvic radiotherapy increases the risk of PIFs which can impact on quality of life. The planning CT scan can provide data to help identify patients who are at higher risk. This could allow preventive measures post RT to be considered such as lifestyle advice and bone protection agents.

2022-RA-1353-ESGO SEVERE ANAEMIA FOLLOWING FRONTLINE MAINTENANCE WITH IPARP IN A BRCA1 MUTATED HIGH-GRADE SEROUS OVARIAN CANCER: AN UNEXPECTED FOE

¹Apostolos Sarivalasis, ²Aikaterini Liapi, ²Ana-Maria Dolcan, ²Sofiya Latifyan, ³Fernanda Herrera, ⁴Delyne Hastir, ⁴Francois Fasquelle, ⁴Jean-Philippe Brouland, ⁵Patrice Mathevet, ⁶Martin Hübner. ¹Medical Oncology, CHUV, Lausanne, Vaud, Switzerland; ²Medical Oncology, CHUV, Lausanne, Vaud, Switzerland; ³Clinical Oncology CHUV, Lausanne, Vaud, Switzerland; ⁴University Institute of Pathology, CHUV, Lausanne, Vaud, Switzerland; ⁵Department of Gynecology and Obstetrics, CHUV, Lausanne, Vaud, Switzerland; ⁶Department of Visceral Surgery, CHUV, Lausanne, Vaud, Switzerland

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Introduction/Background Maintenance with PARP inhibitors (iPARP) has become standard of care for patients suffering from high-grade serous ovarian cancer (HGSOC). Patients harbouring germline BRCA1/2 mutations responding to platinum-based chemotherapy benefit the most from iPARP. Treatment with iPARP can rarely be associated with severe long-term toxicities including myelodysplastic syndromes (MDS) and acute myeloid leukaemia (AML).

Methodology A 74-year-old patient with stage FIGO IIIC HGSOC was treated with six cycles of carboplatinum and paclitaxel chemotherapy, interval macroscopically complete surgical cytoreduction, followed by a two-year maintenance treatment by olaparib. One month after completion, she complained of severe fatigue, shortness of breath and palpitations.

Results She was diagnosed with severe microcytic anaemia, mild lymphocytopenia and normal platelet count. The

injected thoraco-abdominal and pelvic CT-scan ruled out interstitial lung disease, HGSOC recurrence and other primary malignant localization notably without liver nor lymph node involvement. Further haematological workup detected iron-deficient regenerative anaemia and the blood smear ruled out an MDS/AML. The endoscopic gastrointestinal assessment by gastroscopy and colonoscopy detected an ulcerated right colic tumour with active bleeding. The patient underwent laparoscopic right colectomy. The pathological assessment confirmed a grade 3, pT2 pN0 (0/17) cM0, sporadic mismatch deficient (dMMR), intestinal adenocarcinoma, harbouring a c.1799T>A (p.Val600Glu) exon 15, BRAF mutation.

Conclusion This report underlines the importance of a comprehensive differential diagnosis for blood-associated toxicities in the aftermath of iPARP maintenance treatment, especially among the BRCA1/2 mutant patients. Interestingly the dMMR colic tumour did not harbour BRCA1/2 mutation by Next Generation Sequencing.

2022-RA-1363-ESGO GYNAECOLOGICAL ONCOLOGY SURGICAL TECHNIQUES IN COMPLEX PELVIC SURGERY AND MANAGEMENT OF INTRACTABLE PELVIC ABSCESES ON A BACKGROUND OF SEVERE CROHN'S DISEASE

Shanghavi Loganathan, Sarah Louise Smyth, Hooman Soleymani. *Gynaecological Oncology, University of Oxford, Oxford, UK*

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Introduction/Background Chronic, severe, active Crohn's disease in a young patient creates surgical complexity with fertility considerations. The rarity of the presentation of intractable pelvic abscesses within this aetiology and their requirement for input from a multi-disciplinary team makes this a vital case in building a consensus for evidence-based management of gynaecological surgery.

Methodology A 29-year-old nulliparous woman was referred to our tertiary centre for consideration of surgical management of Crohn's disease with known tubo-ovarian abscess and abdominoperineal sinuses, with subsequent renal impairment requiring stenting. Her previous surgical history included 4 midline laparotomies, bowel perforation, subtotal colectomy and proctectomy with stoma formation and reformation and a bilateral salpingectomy.

Results The patient first underwent egg collection to preserve fertility. This was followed by a midline laparotomy and abdominoperineal resection, which involved an anterior colpotomy and a retrograde modified Hudson hysterectomy, alongside refashioning of the ileostomy. Excision and drainage of the abdominal wall abscess was performed alongside excision of the perineal sinus, with reconstruction of the perineal defect using an internal pudendal artery perforator gluteal fold flap. Involvement was sought from gynaecological oncology, colorectal, urology, plastics, stoma, fertility, microbiology, and gastroenterology teams to ensure continued patient optimisation. This multi-disciplinary collaboration resulted in successful preservation of end organ function and improvement in patient psychological well-being.