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 need 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 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; vulval) 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.

2022-RA-1308-ESGO
USE OF RADIOThERAPY PLANNING CT SCANS TO PREDICT RISK OF INSUFFICIENCY FRACTURES FOLLOWING PELVIC RADIOThERAPY

Amy Cooper, Jennifer Morgan, Mark Zahra, Oncology, Edinburgh Cancer Centre, Edinburgh, UK, Edinburgh Cancer Centre, Edinburgh, UK

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

2022-RA-1298-ESGO
HORMONAL REPLACEMENT THERAPY AFTER GYNECOLOGICAL MALIGNANCIES – CRITICAL LITERATURE REVIEW

Vid Jarsa, Eva Skuk, Branko Cvjetanovic, Natasa Kenda Suster, Kristina Drusany Staric, Tina Kunic, Katja Jakopic Macak, Mateja Lasic, Luka Kovic, Mija Blagajne, Marina Jakomovska Stefanovska, Borut Kobil, Andrej Zore, Spela Smolik, Leon Meglic, OBGYN, University Medical Centre Ljubljana, Ljubljana, Slovenia

Abstracts
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 + (0.7xHU).

T-test for unequal variance was used to assess for statistical difference between the 2 cohorts, with 2-tailed significance testing taken as ps ≤ 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.

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.

T-test for unequal variance was used to assess for statistical difference between the 2 cohorts, with 2-tailed significance testing taken as ps ≤ 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

<table>
<thead>
<tr>
<th>Non PIF</th>
<th>PIF</th>
<th>2 tailed p-value for T-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>median qCT L2/L4</td>
<td>114.2</td>
<td>108.6</td>
</tr>
<tr>
<td>median qCT L5</td>
<td>123</td>
<td>104</td>
</tr>
<tr>
<td>median qCT S1</td>
<td>104.8</td>
<td>82.8</td>
</tr>
<tr>
<td>median qCT S2</td>
<td>82.6</td>
<td>61.5</td>
</tr>
</tbody>
</table>

Introduction/Background 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.

### 2022-RA-1363-ESGO

**GYNAECOLOGICAL ONCOLOGY SURGICAL TECHNIQUES IN COMPLEX PELVIC SURGERY AND MANAGEMENT OF INTRACTABLE PELVIC ABSCESSES ON A BACKGROUND OF SEVERE CROHN’S DISEASE**


10.1136/ijgc-2022-ESGO.859

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.