Introduction/Background
Ashkenazi-Jewish (AJ) population-based BRCA-testing is acceptable, does not detrimentally impact psychological well-being or quality of life, is cost-effective and amplifies primary prevention for breast cancer (BC) ovarian cancer (OC). However, prospective data describing lifestyle impact are lacking. We report long-term results of a population-based BRCA-testing randomised controlled trial (RCT) on lifestyle behaviour and cancer-risk perception.

Methodology
We designed a two-arm RCT (ISRCTN-73338115, GCaPPS): (a) Population-Screening (PS) arm; (b) family-history (FH)/Clinical-criteria testing arm. Women and men >18-years in the North-London AJ-population were offered informed pre-test genetic counselling and BRCA testing. Participants were recruited through self-referral. Exclusions included: prior BRCA-testing or first-degree relatives of BRCA-carriers. The intervention included genetic-testing for three AJ BRCA-mutations: 185delAG(c.68_69delAG), 5382insC (c.5266dupC) and 6174delT(c.5946delT). This was undertaken for all participants in the PS-arm and participants fulfilling FH-clinical-criteria in the FH-arm. Patients filled customised/validated questionnaires at baseline/1-year/2-years/3-years follow-up. Outcome measures included lifestyle/behavioural outcomes. Generalized linear-mixed models adjusted for covariates and appropriate contrast-tests were used for between-group and within-group analysis of lifestyle and behavioural outcomes along-with evaluating factors associated with these outcomes. Outcomes are adjusted for multiple testing (Bonferroni method), with p<0.0039 considered significant.

Results
1034 participants were randomized to PS (n=530) or FH (n=504) arms. No significant difference was identified between PS and FH-based BRCA-testing approaches for dietary fruit/vegetable/meat consumption, vitamin intake, alcohol quantity/frequency, smoking behaviour (frequency/cessation), physical activity/exercise or routine breast mammogram screening behaviour, with outcomes not affected by BRCA test result. Cancer-risk perception decreased with time following BRCA-testing with no difference between FH/PS approaches. The risk was found to be lowest in BRCA-negative participants. Men consume fewer fruits, vegetables and vitamins but more meat and alcohol than women (p<0.001).

Conclusion
Population-based and FH-based AJ BRCA-testing have similar long-term life-style impacts for smoking, alcohol, dietary fruit/vegetable/meat/vitamin, exercise, breast screening participation and reduced cancer-risk perception.
Introduction/Background In last months due to military action in Ukraine we treated in our hospital patients with gynecological tumors in different stages with particular level of QoL (Quality of life). We assessed it and found the difference between the emotional, physical, spiritual, social/family, functional well-being, financial toxicity before and after therapy in Germany with QoL score according to FACIT (Functional Assessment of Chronic Illness Therapy). Histopathological type of cancer was also assessed.

Methodology QoL was assessed by the first visit in our clinic after last chemotherapy in Ukraine and after three cycles of chemotherapy in Germany by using FACIT-G Scoring.

Results 26 patients with a median age of 52 years (32–78) were evaluated. The histological type of tumors were divided in groups 56% breast cancer, 25% endometrial, 12% ovary, 7% cervical. The mean FACIT score by the first visit is 27.4 (25.4–35.5), lowest score observed by ovarian cancer stage IIIC. The mean FACIT score after three cycles of chemotherapy in Germany was 64.5 (59.4–73.5). Lowest financial toxicity score was 10 by the first visit in our clinic after last therapy in Ukraine and it increased until 35 after receiving of three cycles of chemotherapy.

Conclusion We can observe that the QoL of patients from Ukraine who received their therapy at home country is much lower as after the treatment in Germany. We consider the emotional status, social problems, integration difficulties despite of communication during the treatment in their mother language are also reason for that. Further investigations are required for better understanding how to improve QoL of refugees patients in hard life conditions.

2022-RA-1614-ESGO IMPACT OF VARIOUS CERVICAL CANCER TREATMENTS ON SEXUAL FUNCTIONING AND QUALITY OF LIFE OF WOMEN: A SYSTEMATIC REVIEW AND META-ANALYSIS

Introduction/Background Despite the comprehensive implementation of screening strategies and vaccination programs against HPV, Cervical Cancer (CC) remains a significant health problem. Various treatments ranging from fertility sparing to combinatory regimes for both early and advanced disease produce significant distress regarding sexuality, body image and sexual functioning of these patients while potentially influencing their decision. More advanced stages impose more radical and aggressive treatments, while early stages raise controversy surrounding their treatment extent and possibilities of fertility preservation. This review and meta-analysis aimed to evaluate the impact of CC treatments on sexual functioning and quality of life in women.

Methodology A predefined search formula was used to scout the most popular English databases from inception to the 25th of May and rendered 22031 studies. After exclusion of duplicates and irrelevant studies using PICO formulated inclusion criteria. These full-text articles evaluated the sexual functioning and quality of life of patients undergoing CC treatments and were finally included.

Results High heterogeneity regarding assessment scales were observed between studies. Female Sexual Function Index (FSFI), Short Form Survey (SF-36), Hospital Anxiety and Depression Scale (HADS) and EORTC QLQ-C30 and -CX24 were among the most popular questionnaires. The scales, as mentioned earlier, identified sexuality, body image, sexual worry, pain, arousal, day-to-day limitations and emotional problems as the most common issues among specific CC treatments. Combinalbe data allowed for a meta-analysis to compare the EORTC QLQ-C30 scoring in patients undergoing surgery alone vs chemoradiation regimens. A mean difference (MD) of 2.55 (CI:-1.27;6.38) was found between the two groups with no statistical significance (p=0.07) at a z=1.31.

Conclusion All treatments produce general and sexual distress in CC patients. Multiple scales identified several problems for specific treatments, while more complex analyses showed no difference between surgery alone and chemoradiation therapies.