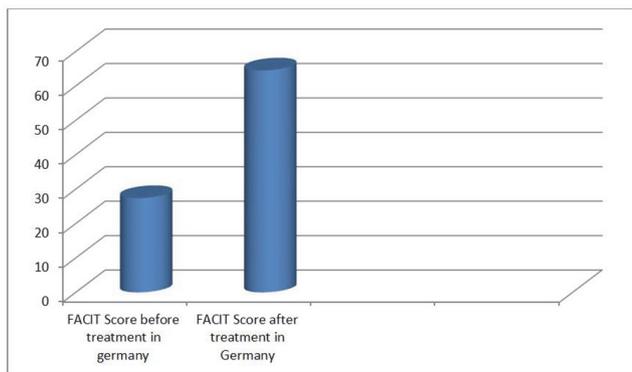


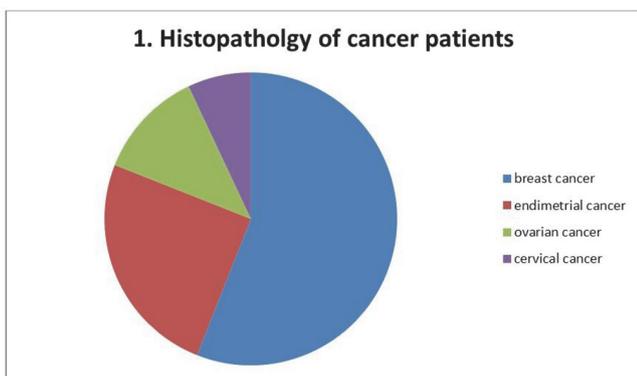
Introduction/Background In last months due to military action in Ukraine we treated in our hospital patients with gynaecological tumors in different stages with particular level of QoL (Quality of life). We assessed it and found the difference between the emotional, physical, spiritual, social/family, 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.



Abstract 2022-RA-1490-ESGO Figure 1



Abstract 2022-RA-1490-ESGO Figure 2

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

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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. Combinable 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.