Abstracts

**Objectives** This study compared the surgical outcomes of patients with benign disease who underwent laparoscopic assisted vaginal hysterectomy (LAVH) to determine the association of surgical outcomes with resident participation in the gynecological field.

**Methods** We performed a single center retrospective study of 683 patients diagnosed with gynecological benign disease from January 2010 to December 2015 who underwent the LAVH procedure. Clinicopathological characteristics and surgical outcomes were compared between the resident involvement group and attending physician alone group. The primary endpoint was 30-day postoperative morbidity.

**Results** In total, 165 patients underwent LAVH with resident involvement and 518 patients underwent surgery without resident involvement. The mean age of the patients was 49 years and 48 years in the resident involvement group and attending alone groups, respectively. There was 30-day postoperative morbidity in 8 (3.5%) and 18 (4.8%) patients in the resident involvement group and attending alone group (P=0.422), respectively. Operative time was significantly different between the two groups, 131 minutes in resident involvement group and 101 minutes in attending alone groups (P<0.001). On multivariate analysis, Charlson comorbidity index > 2 (OR 1.018; 95% CI: 1.008–1.028; P<0.001) and EBL (OR: 1.002, 95% CI: 1.001–1.003; P<0.001) were significantly associated with 30-day morbidity, but resident involvement was not statistically significant.

**Conclusions** The operation time was longer when the resident involvement in LAVH, but was no significant difference in morbidity at 30 days. Therefore, resident involvement in LAVH is a reasonable way to meet both resident training and patient safety.

E-poster viewing: Survivorship


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**Methods** Permissions were obtained to use the original English versions of the GCLQ and LELSQ for translation into Norwegian. The questionnaires were translated using a procedure based on standard guidelines including forward translation by native speakers of the target language, synthesis, back translation and review. Sixteen patients from the Radium Hospital gynecological cancer outpatient ward, all expected to have stable disease, were invited for questionnaire test-retest by completing the same questionnaires twice at 3–4-week intervals. Internal consistency was assessed by Cronbach’s alpha. Test-retest was assessed by intra-class correlation coefficient (ICC).

**Results** Twelve (75%) patients responded to the invitation and completed all items in the questionnaires. Cronbach’s alpha was 0.75 for the GCLQ and 0.89 for LELSQ. The ICC was 0.86 for GCLQ and 0.91 for LELSQ.

**Conclusions** Translation and cross-cultural adaptation of these internationally validated patient reported outcomes questionnaires for LEI in gynecological cancer survivors was feasible. The Norwegian translation of GCLQ and LELSQ showed acceptable internal consistency and the test-retest reliability was excellent.

**EP396/#1020** CANCER ASSOCIATED MENOPAUSAL SYMPTOMS AND THE IMPACT ON SLEEP IN WOMEN LIVING WITH AND BEYOND CANCER IN IRELAND

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**Objectives** The Menopause after Cancer Study (MACS) is a single arm phase II study enrolling women with a current or prior cancer diagnosis and bothersome vasomotor symptoms of menopause, and, for whom HRT is contraindicated. Baseline data on sleep disturbance in this cohort are lacking.

**Methods** MACS aims to measure the impact of a composite intervention which includes non-hormonal pharmacotherapy and digital CBT for insomnia on quality of life (QOL). The sleep condition indicator (SCI) was the sleep measure employed for this study, scores ≤16 represent significant insomnia symptoms. The EORTC-QLQ-C30 was used as a primary QoL outcome measure. The Hot Flush Rating Scale (HFRS) was used to assess the bother/interference of vasomotor symptoms with a score of 10 indicating maximum interference.

**Results** 191 women were recruited to the study. The median age of participants was 49 (Range 28–66) [DB1] [DB2]. 80% of participants had a diagnosis of breast cancer, 9% had ovarian cancer, 6% endometrial cancer, 5% other cancer types. The baseline median HFRS score was 7. The median baseline SCI score was 8 (SD 4.7) indicating significant sleep dysfunction [DB3]. This degree of dysfunction is further supported by baseline data from the insomnia subscale of the EORTC-QLQ-C30 which demonstrated a median baseline score of 67 (SD 26.4). There was no difference in mean SCI score between those with a diagnosis of breast cancer and those who had gynaecological or other diagnoses.