Conclusions Sleep dysfunction is a major concern for women dealing with cancer associated menopausal symptoms and availability of effective therapy is urgently needed.

**EP397/#844**

**SURVIVORSHIP NEEDS OF WOMEN FOLLOWING TREATMENT FOR GYNAECOLOGICAL CANCER – LEARNING FROM THE PATIENT EXPERIENCE TO DEVELOP FUTURE MODELS OF CARE**

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Objectives The Gynaecology Oncology unit at Mater Hospital Brisbane is one of three specialist units in Queensland, providing care to women from urban, regional and remote Queensland, Northern Territory and Northern New South Wales. To gain a greater understanding of the symptoms experienced following treatment and to identify patient’s preferences for support the unit undertook a survey of women undergoing surveillance for their gynaecological cancer.

Methods An anonymous 10 question survey was provided to all women undergoing face to face surveillance appointments in the Gynae Oncology clinic at Mater Hospital Brisbane over a six-week period, with over 100 responses received.

Results Respondents represented a range of age groups and years since treatment completion. Over two thirds of respondents came from urban areas (N=78), with the remainder coming from regional and remote areas (N=22). Respondents experienced a range of symptoms and concerns; most commonly increase/decrease in weight (N=36), problems sleeping (N=29) and anxiety (N=29). The most commonly desired allied health linkages were psychotherapy (N=12), dieticians (N=7), psychology (N=7), occupational therapy (N=7), menopause specialists (N=7) and counsellors to help with sexual function intimacy (N=7), demonstrating the importance of holistic care in the survivorship space. Almost two thirds of women (N=60) indicated they preferred to attend the hospital over telehealth or in-home appointments.

Conclusions This survey provides insight into the physical, psychological and sexual symptoms experienced following treatment for gynaecological malignancies. This knowledge will aid in the development and design of future survivorship clinics and models of care.

**E-poster viewing: Symptom management/supportive cancer care**

**EP398/#196**

**THE VALUE OF NON HORMONAL HERBAL COMPLEMENTARY ON REDUCING MENOPAUSAL HOT FLASHES**

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Objectives Hot flashes is a bothering symptom in perimenopause women as well as in women after cancer treatment. Present study aimed to investigate the effects of a non-hormonal herbal complementary (NHHC) in the treatment of hot flashes.

Methods This study is the preliminary result of an ongoing large clinical research assessing the effect of NHHC on reducing hot flashes particularly when hormonal treatment is contraindicated. A randomized, double-blind, placebo-controlled clinical trial was performed on 70 postmenopause women with symptoms of hot flashes (no history of cancer). The cases (n=35) were given 2 capsules/daily of EstroG-100 (extracts of Cynanchum wilfordii Hemsley, Phlomis umbrosa Turczaninow, Angelica giga Nakai) for 12 weeks. The controls (n=35) were given placebo. The consent form, demographic questionnaire were completed. The severity of hot flashes recorded weekly for 12 weeks. Statistical tests were performed using SPSS 22.0.

Results The mean age was 51.1±0.4 and 50.3±0.4 in cases and controls respectively. The mean duration of menopause was < 2 years. No significant differences found in the demographic factors. Among all the laboratory tests, just the Alkaline phosphatase value in the cases was significantly higher than the controls (p-value = 0.047). In the cases the reduction of the severity of hot flashes at 30, 60, and 90 days after treatment and the trend of reduction, were significantly reduced (P<0.001). The severity of hot flashes in the control group did not change significantly during the study.

Conclusions In this study the use of herbal extract (EstroG-100) significantly reduced the severity of hot flashes in postmenopause women, without significant adverse effects
multivariate Poisson regression model adopting a 5% significance level and 95%

**Results** In total, 826 patients were included in the study. Prevalence of malnutrition in 42.3% of the sample and 14.9% were at risk of malnutrition. During the six months of surveillance, 28.4% of the patients developed an infection, 34.6% were hospitalized and 16.4% died. For early death MNA < 23.5 (HR = 2.89; 95% CI 1.81–5.99, p < 0.001)

**Conclusions** The prevalence of malnutrition and nutritional risk was high in older women with gynecological cancer; and metastatic disease; patients with fall history, sedentary and risk of depression. Malnutrition is a predictive factor for the occurrence of early adverse events (infection, hospitalization and death). It is important to evaluate early nutritional status of the group patients, to contribute positively to the clinical outcome of these patients.

**EP400/#967**

**THE ROLE OF PLEURAL FLUID DRAINAGE CATHETER PLACEMENT IN PATIENTS WITH GYNECOLOGIC MALIGNANCIES**

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**Objectives** Many individuals with gynecologic malignancies suffer symptoms related to malignant pleural effusions that improve with drainage. The objective of this study is to review a single institution’s experience with pleural fluid drainage catheter placement in these patients.

**Methods** Adult patients with a confirmed gynecologic malignancy who underwent catheter placement from 2010-2020 were identified, and clinical data was extracted for analysis.

**Results** Chart review identified 63 patients, the majority of whom were diagnosed with ovarian cancer (63%). 89% of patients had unilateral catheter placement. Pulmonologists placed the plurality (40%) of catheters, with the remainder placed by thoracic surgeons or interventional radiologists. Median time from cancer diagnosis to catheter placement was 25 months. 41% of patients had already received 4+ lines of chemotherapy at the time of placement, and 17% had goals of care focused on comfort at placement. Only 16% of patients in the cohort experienced complications related to their catheters, with the most common complications being infection and pneumothorax. 35% of patients had documented catheter removal, with minimal ongoing drainage being the indication for the majority of removals. 84% of the cohort was deceased at the time of data collection. Median survival time following catheter placement was 3 months.

**Conclusions** While many patients with symptomatic malignant pleural effusions from gynecologic malignancies opt to undergo drainage catheter placement while pursuing treatment, the overall prognosis for this group appears limited, with survival measured in short months. This information may be used to appropriately counsel patients in this clinical context regarding prognosis and supportive care.

**EP401/#975**

**A RANDOMIZED CONTROLLED STUDY BETWEEN THC CANNABIS OIL AND PLACEBO ADDED ON STANDARD PROPHYLAXIS FOR REDUCING CHEMOTHERAPY-INDUCED NAUSEA VOMITING (CINV) FOLLOWING CARBOPLATIN AND PACLITAXEL REGIMEN**

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**Objectives** To determine the effect of THC cannabis oil added on standard antiemetic prophylactic drugs for reducing intensity of delayed phase (24–120 hours) nausea among gynecologic cancer patients receiving Carboplatin and Paclitaxel chemotherapy.

**Methods** This study was a randomized, double-blinded, crossover, placebo-controlled trial. Participants were gynecologic malignancy patients receiving Carboplatin and Paclitaxel chemotherapy at King Chulalongkorn Memorial Hospital. Either THC cannabis oil (1 mg per day) or placebo were prescribed added on standard antiemetic prophylaxis, in alternated cycles between groups: in the first group, THC cannabis oil was prescribed in odd cycles and placebo in even cycles, vice versa for the second group. Patients with gut obstruction, brain or bowel metastasis, or patient with contraindicated usage of Cannabis oil were excluded. Statistics were analyzed by SPSS ver.22.

**Results** 74 participants were randomized. Mean age was 57 years. 54 patients (77%) were chemotherapy-naive. In delay phase of nausea, proportion of patients with significant nausea during delay phases of cycle was higher in THC group (57%) compared to placebo group (41%) without any statistical significance (p-value = 0.063), also insignificant in acute phase of cycle (p-value = 0.862). For the acute and delayed phase of vomiting, there was no difference between the groups. No serious adverse effects were demonstrated for the usage of THC cannabis oil.

**Conclusions** Symptom of nausea especially in delay phase (24–120 hours) will decrease normally over the time with standard antiemetic prophylaxis. Only small additive effect from THC cannabis oil. Usage of THC cannabis oil can alleviate delay phase nausea. The benefit on vomiting was not promising.

**E-poster viewing: Trophoblastic diseases**

**EP402/#1074**

**EPIDEMIOLOGY OF GESTATIONAL TROPHOBLASTIC NEOPLASIA IN A SECOND LEVEL HOSPITAL IN TUNISIA**

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**Objectives** To assess the incidence and individual characteristics associated with gestational trophoblastic neoplasia.