Abstracts

10. Quality of Life After Treatment

#208 METABOLIC SYNDROME, LONG-TERM FATIGUE AND INFLAMMATION IN EPITHELIAL OVARIAN CANCER SURVIVORS: VIIVROVAIRE, ANCILLARY STUDY

1Pauline Debbois*, 2Zoe Neyriere, 2Brigitte Le Mauff, 4Mohammed Salim Daouda, 4François Gernier, 4Jean-Michel Grellard, 5Patricia Pautiez, 6Élsa Kalbacher, 8Anne Floquet, 9Dominique Bertron-Rigaud, 10Sophie Abadie-Lacourtosie, 11Olivier Tredan, 12Christine Roussel-Jablonski, 13Philippe Follana, 14Jerome Alexandre, 15Alain Zenetti, 16Nadine Dohollou, 17Benedicte Clarisse, 13Florence Joly, 18François Cherifi. 1Department of Oncology, Centre François Baclesse, Caen, France; 2Department of Biology, Centre François Baclesse, Caen, France; 3Laboratory of Immunology, Department of Biology, Caen University Hospital, Caen, France; 4Normandie Université, UNCASC, Caen, France; 5Department of Clinical Research, Centre François Baclesse, Caen, France; 6INSERM, U1086, Caen, France; 7Department of Oncology, Gustave Villejuif, Villejuif, France; 8Department of Oncology, CHU Jean Minjoz, Besançon, France; 9Department of Oncology, Institut Bergonie, Bordeaux, France; 10Department of Oncology, Institut de Cancérologie de l’Ouest, Saint Herblain, France; 11Department of Oncology, Institut de Cancérologie de l’Ouest, Site Paul Papin, Angers, France; 12Department of Oncology, Centre Léon Bérard, Lyon, France; 13Department of Surgery, Centre Léon Bérard, Lyon, France; 14Department of Oncology, Centre Antoine Lacassagne, Nice, France; 15Department of Oncology, Hôpital Cochin, Paris, France; 16Department of Oncology, Centre Hospitalier de Cholet, Cholet, France; 17Department of Oncology, Polyclinique Bordeaux Nord Aquitaine, Bordeaux, France; 18University of Caen Normandy, UMR-S1077, Caen, France; 19Department of Oncology, Jules Bordet, Bruxelles, Belgium

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Introduction/Background Quality of life (QOL) after treatments, notably long-term fatigue (LTF) is a major concern for epithelial ovarian cancer survivors (EOCs). Metabolic syndrome (MetS) was shown to be associated with cancer survivorship and fatigue. Inflammation was also demonstrated to be related with fatigue in cancer patients, but few studies explored LTF. We aimed to evaluate the association between LTF, MetS and inflammation among EOCs.

Methodology The VIIVROVAIRE study enrolled EOCs free of relapse ≥3 years after treatments in 11 French GINECO centers. Fatigue was assessing using FACIT-F-TOI (including fatigue and physical/functional dimensions of the FACT-G) self-questionnaires. MetS was estimated by the International Diabetes Federation definition. Blood cytokines (IFN-γ, IL-10, IL-18, IL-1RA, IL-6, IL-1β and TNF-α) were measured by enzyme-linked immunoabsorbent assay. Univariate, multivariate regression analyses and mediation analysis were performed, with a statistical significance of p ≤ 0.01.

Results Analyses concern 143 EOCs: median age at inclusion, 63 years [range, 35–70], median delay from end of treatment, 5 years [range, 3–7]. Prevalence of MetS was 22% (31 patients). EOCs with MetS had higher FACIT-F-TOI score than non-MetS EOCs (75 vs 87, p = 0.001). Elevation of IL1-R1 and IL-6 expressions was significantly associated with MetS in univariate (p < 0.001 and p = 0.002, respectively) and multivariate regression analyses (p < 0.001 and p = 0.008).

IL1-R1 was also associated with the FACIT-F-TOI in univariate and multivariate analysis (p < 0.001). The mediation analysis performed showed IL1-R1 produced an average causal mediation between FACIT-F-TOI score and MetS (p = 0.008) with a significant proportion of mediated effect (41%, p = 0.01).

Conclusion EOCs with MetS present more LTF than to EOCs without MetS. Inflammation was associated with MetS and LTF with causal relation. Inflammation could play a role in persistent fatigue and interventions to reduce MetS may help to improve LTF.

Disclosures None

#216 IMPLEMENTATION OF A SENTINEL LYMPH NODE ALGORITHM FOR SURGICAL STAGING OF ENDOMETRIAL CARCINOMA: SELF-REPORTED LOWER EXTREMITY LYMPHEDEMA AND QUALITY OF LIFE – A POPULATION BASED CROSS-SECTIONAL STUDY

1Pernille Bjere Tønnt*, 2Nina Jebers Nordskar, 3Krut Reider Wangen, 4Ida Engeskaug, 5Linn Ophem, 6Guro Aune, 7Anne Cathrine Staff, 8Iene Thonsen, 9Ragnhild Sanum Fakr, 10Anne Gerda Zali Eriksson, 11Congenital Radium Hospital, Oslo University Hospital, Oslo, Norway; 12St Olav’s Hospital, Trondheim University Hospital, Trondheim, Norway; 13Faculty of Medicine, University of Oslo, Oslo, Norway; 14Research Support Services, Oslo University Hospital, Oslo, Norway

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Introduction/Background Sentinel lymph node (SLN) biopsy has replaced lymphadenectomy (LND) in staging of endometrial carcinoma (EC). The aims of this study were to:

1. Explore prevalence of lower extremity lymphedema (LEL) in EC survivors stratified by nodal assessment (LND, SLN and hysterectomy).
2. Identify patient- and treatment-related factors associated with LEL.
3. Compare quality of life (QoL) using novel thresholds of clinical importance.
4. Assess correlation between different questionnaires.

Methodology Women operated for EC in 2006–2021 retrospectively completed the Lower Extremity Lymphedema Screening Questionnaire (LELSQ), EORTC QLQ-C30, QLQ-EN24 and EQ-SD-5L. Appropriate statistics were applied to assess study aims.

Abstract #216 Figure 1 Subgroup analysis of LEL prevalence by musculoskeletal complaints stratified by nodal assessment

Results Of 2156 invited survivors, 61% participated in the study, 1127 (99%) were evaluable by LELSQ. LEL prevalence was 51%, 36% and 40% after LND, SLN and hysterectomy, respectively (p < 0.001). Higher BMI, LND and chemotherapy were associated with LEL; OR 1.07 (95% CI 1.05–1.09), 1.42 (95% CI 1.03–1.97) and 1.43 (95% CI 1.08–1.89) respectively. Subgroup analysis demonstrated that musculoskeletal complaints were more prevalent in patients reporting LEL (figure 1). In women with musculoskeletal complaints the prevalence of LEL did not differ between nodal assessment groups;
BONE HEALTH IN PATIENTS RECEIVING AROMATASE INHIBITORS WITH ENDOMETRIAL CANCER

Han Zar Poe Poe*, Gemma Eminowicz. University College London Hospital, London, UK

Introduction/Background Aromatase inhibitors (AIs) are used in the treatment of Endometrial cancer in post-menopausal women. AIs accelerate bone mineral density (BMD) loss and these women are already high risk for osteoporosis and fracture. Guidelines exist, eg ESMO, which provide a framework for maintaining bone health in cancer patients but the focus has primarily been on breast cancer patients. This retrospective study aims to investigate management of bone health for our endometrial cancer cohort receiving AIs.

Methodology Data was obtained from electronic hospital records for endometrial cancer patients on AI in Gynae clinical oncology clinic between November 2022 and April 2023 at our institution. We analysed patient demographics, vitamin D level on initiation of treatment, whether patients were on Calcium+Vitamin D supplementation on initiation of AI, baseline BMD testing and result, and presence of osteoporotic fracture on re-staging imaging.

Results Data for 27 patients was analysed. Median age was 73 years (range 56–87 years). Median duration of treatment was 11 months (interquartile range 20 months) and 10 patients remain on AI. 44% (12) started Calcium+Vitamin D at the time of starting AI, 41% (11) had baseline BMD testing. Out of 11 patients who had baseline BMD testing, 45% (5) had osteopenia. 33% (9) were diagnosed with osteoporosis/osteopenia during or after treatment. 11% (3) were diagnosed with osteoporosis, none of which were already on Calcium+Vitamin D or had baseline BMD testing. 2 out of these 3 patients were diagnosed with osteoporotic fracture on re-staging imaging.

Conclusion Our results showed that nearly half of our cohort who had baseline BMD testing had osteopenia and a third developed osteopenia/osteoporosis during or after treatment. This emphasises the importance of routine baseline BMD testing and clear risk stratification and use of Calcium+Vitamin D as per published guidance.

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SPIRITUALITY IN COPING WITH BREAST CANCER

Cyrine Mokrani, Rim Abidi, Alia Mousfi*, Khedija Ben Zid, Amani Yousfi, Chiraiz Nasr. Radiotherapy department, Salah Azaiz Institute, Tunis, Tunisia

Introduction/Background The diagnosis and management of breast cancer remains a physical and psychological challenge despite therapeutic advances. Religion appears to play an important role in coping with cancer. The aim of this study is to describe the influence of religious beliefs and practices on the health status and therapeutic course of breast cancer patients.

Methodology A questionnaire survey among 40 patients with breast cancer undergoing radiotherapy at Salah Azaiz Institute in Tunisia, using an Arabic version of the << Santa Calara Strength of Religious Faith Questionnaire >> (SCSORFQ) to assess the degree of religious faith. A total score out of 40 points was calculated.

Results In our study, the entire population was Muslim. The average age was 56,53 years (36–73 years). One man was being treated among 39 women. 12 patients (30%) were illiterate. The main treatment received was surgery, chemotherapy and radiotherapy combined. The majority (67,5%) reported an increase of their faith since the announcement of the disease. A positive correlation was found between age and SCSORFQ total score (p<0.01). Assiduity at praying increased with age (p<0.01) regardless of the time since cancer diagnosis. Patients who had lower level of education presented a higher degree of faith (p=0.01) and more religion had an impact on therapeutic decisions (p<0.05). No correlation was found between the total score and the level of education.

Conclusion This study highlights the importance of faith in coping with cancer and the emotional comfort that religiosity brings to breast cancer patients.

Disclosures The authors declare no competing interests.