

59%, 50% and 53% after LND, SLN and hysterectomy ( $p=0.115$ ), respectively, compared to 39%, 17% and 18% ( $p<0.001$ ) in women without musculoskeletal complaints. Women with LEL had worse QoL in all domains than those without LEL ( $p<0.001$ ). Spearman's correlation between questionnaires varied from 0.67 to 0.83.

**Conclusion** For the whole cohort, SLN implementation is not associated with increased LEL prevalence compared to hysterectomy alone, but is associated with a significantly lower prevalence compared to LND. However, this difference was not seen in women reporting musculoskeletal complaints. Available questionnaires may not distinguish between LEL and musculoskeletal disease, warranting further investigation. LEL may cause clinically worsened QoL. We demonstrate moderate to strong correlation between questionnaires measuring LEL and QoL.

**Disclosures** Dr Eriksson reports conflicts of interest: receiving consultation fees from Intuitive Surgical and Astra Zeneca. No other authors report conflicts of interests.

### #268 BONE HEALTH IN PATIENTS RECEIVING AROMATASE INHIBITORS WITH ENDOMETRIAL CANCER

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10.1136/ijgc-2023-ESGO.751

**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.

**Disclosures** No disclosures or conflict of interest.

### #314 SPIRITUALITY IN COPING WITH BREAST CANCER

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10.1136/ijgc-2023-ESGO.752

**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.

### #407 FLOSEAL FOR PREVENTING SYMPTOMATIC LYMPHOCELE AFTER PELVIC AND/OR PARA-AORTIC LYMPHADENECTOMY IN GYNECOLOGICAL CANCERS: A RANDOMIZED CONTROLLED TRIAL

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10.1136/ijgc-2023-ESGO.753

**Introduction/Background** To evaluate the role of FloSeal for preventing symptomatic lymphocele following pelvic and/or para-aortic lymphadenectomy in patients with gynecological cancers.

**Methodology** Between Oct 2014 and Apr 2015, 40 patients with gynecological cancers planned for surgical management were randomly placed into FloSeal and non-FloSeal groups in a 1:1 ratio. Lymphocele incidence was evaluated using intravenous contrast-enhanced, abdominopelvic computed tomography 3–6 months after surgery. The quality of life questionnaire was completed by patients at 1, 3, and 6 months after surgery. The incidence of symptomatic lymphocele was compared using a chi-square test.

**Results** All patients underwent bilateral pelvic lymph node dissection, and eight patients in each group (40% vs. 44.4%,  $P > 0.999$ ) underwent para-aortic lymph node dissection. The