mean number of total, right pelvic, left pelvic, and para-aortic lymph nodes retrieved was similar between the groups. One patient (1/20, 5%) in the FloSeal group and three (3/18, 16.7%) in the non-FloSeal group developed lymphoceles (P = 0.328). The incidence of symptomatic lymphocele was 0% and 11% (2/18) in the FloSeal and non-FloSeal groups (P = 0.218), respectively. The mean time interval to drain removal (4.8 ± 2.0 days vs. 5.3 ± 2.2 days, P = 0.400) was shorter and the mean drain volume (1656 ± 1362 mL vs. 2022 ± 2301 mL, P = 0.550) was smaller in FloSeal group.

Conclusion The use of FloSeal after pelvic and/or para-aortic lymphadenectomy in patients with gynecological cancers is effective for preventing symptomatic lymphocele.

Disclosures This study was partly supported by the Baxter Healthcare, but it was not involved in the study design, in the collection, analysis and interpretation of data, in the writing of the manuscript, and in the decision to submit the manuscript for publication.

#440 VIBRATORS, DILATORS, LUBRICANTS AND OTHER SEXUAL AIDS FOR PATIENTS WITH SEXUAL LATE EFFECTS OF PELVIC CANCER

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Introduction/Background Sexual late effects occur for all cancer types, but are especially pronounced in patients with cancer in the pelvic organs, due to close proximity to the genitalia. In order to relieve sexual late effects, some patients are advised to use sexual aids. The devices are many, indications are based on consensus reports or expert opinions for each device, and there is little overview.

Methodology A literature review was performed based on extensive searches in PubMed, Chinal and PsycInfo. We searched for empirical research on sexual aids tested in patients with sexual late effects of cancer or cancer treatments. The search yielded 21 papers investigating vaginal dilators, 14 examining vacuum devices, 7 regarding lubricants, 2 regarding vibrators and 2 on other devices.

Results The main findings were as follows. Vaginal dilators are widely recommended after treatment with radiotherapy for gynecological can cer despite the lack of evidence that usage can reduce vaginal stenosis or improve sexual health. Vacuum and vibration was scarcely tested among women after cancer but may have a positive effect in obtaining enhanced sexual satisfaction. Lubricants could reduce discomfort during penetrative sex and enhance the pleasure of sex. The adherence to sexual aids in the trails were low. The sexual late effects had a significant negative impact on sexual function and sexual satisfaction

Conclusion In the litterature on the effect of the sexual aids the general focus was not on sexual reorientation and on sexual satisfaction. Neither did they focus on the use of sexual aids in the rehabilitation of non-genital sexuality. This seems quite contradictory to the fact that many cancer survivors may never regain the ability to perform penetrative sex.

Disclosures No disclosures

#463 CANCER SURVIVORS' PERCEIVED VALUE OF SEXUAL COUNSELING: POSSIBILITIES AND BARRIERS. – A QUALITATIVE INTERVIEW STUDY OF CANCER SURVIVORS WITH PELVIC CANCE

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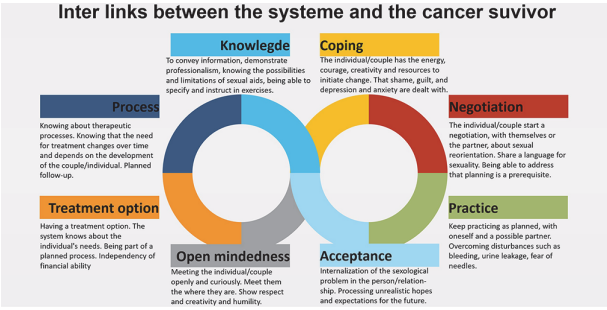
Introduction/Background Treatment for pelvic cancer results in various late adverse effects, many of which can be detrimental to sexual health. Sexual counseling includes interventions aimed at ameliorating these. The objective of this study was to explore how cancer survivors perceived the value of sexual counseling.

Methodology Data for this descriptive qualitative study was collected through 10 semistructured interviews with patients treated for pelvic cancer. A qualitative thematic analysis was performed to inductively construct descriptive themes.

Results Twelve descriptive themes under 3 theoretical themes emerged: 'The changed life' encompassed feelings of loss, grief and abandonment related to sexuality. 'The systemic possibilities and barriers' examined the relevance, characteristics, process, and accessibility of sexual counseling. 'The informants' possibilities and barriers' explored acceptance, coping, efforts to practice, and sexual renegotiations in relation to the individual's ability to profit from counseling.



Abstract #463 Figure 1 Inter link beween the system and the cancer survivor

Conclusion Clinicians are obliged to inquire about sexual late adverse effects, and referral to sexual counseling should be offered as a standard following treatment for pelvic cancer. Most informants in this study sought to maintain their ability to engage in penetrative sex. Not being able to do so, affected self esteem and relationship dynamics negatively. Accepting and coping with the permanency of sexual late adverse effects is a complex and continuous process. The process is affected by interlinked factors, both within the cancer survivor and their intimate relationship, and within the system offering sexual counseling. Ideally, sexual counseling should facilitate this process and support survivors in expanding their sexual repertoire. However, to ensure therapeutic alliance, counselors must first elucidate what the survivor hopes to gain from treatment and start from there. This requires an open minded and empathic bio-psycho-social approach, as well as professional skills within the realm of sexual rehabilitation and sexual aids. Regular and prescheduled

follow-up visits are vital to ensure progress and treatment satisfaction.
Disclosures No disclosures

#490 NATIONAL CANCER RESEARCH INSTITUTE (NCRI) SURVEY OF HORMONE REPLACEMENT THERAPYPRESCRIBING IN GYNAECOLOGICAL AND BREAST CANCER SURVIVORS AND IN WOMEN WHO HAVE HAD RISK-REDUCING OOPHORECTOMY IN THE UNITED KINGDOM

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Introduction/Background There is limited prospective data of the safety of hormone replacement therapy (HRT) following cancer treatment. Many clinicians are reluctant to prescribe HRT due to the fear of promoting cancer recurrence and this has led to many women struggling with menopausal symptoms, significantly impacting quality of life. This was highlighted in a recent UK patient survey, led by the charity, Target Ovarian Cancer, that identified a huge need in women with gynaecological cancer: 67% of patients wanted help with menopausal symptoms and for 62% this was not discussed at any timepoint during their cancer treatment.
Methodology The NCRI electronically distributed a multiple choice questionnaire to clinicians including general practitioners (GPs), gynaecologists, surgeons, oncologists and nurse practitioners. The survey was open between: 12/4/23 and 12/05/23. The survey addressed clinicians current HRT prescribing practice in breast, ovarian and endometrial cancer survivors and also in those who had undergone risk-reducing oophorectomy (RRO) due to a hereditary risk of cancer.
Results A total of 141 health professionals completed the survey: 13(9.2%) general gynaecologists, 51(36.1%) GPs, 5(3.5%) menopause specialists, 20(14.1%) gynaecological oncologists, 35(24.8%) medical/clinical oncologists, 15(10.6%) nurse practitioners and 2(1.4%) oncoplastic breast surgeons. Overall, 130 (92.9%) respondents felt that there was not sufficient information and awareness with regards to prescribing HRT following a gynaecological malignancy. Only a minority of clinicians would feel confident in prescribing HRT for cancer survivors: 12.8% in breast cancer, 25.5% in ovarian, 27.0% in endometrial and 29.8% RRO.
Conclusion This survey demonstrated that additional support with decision making is urgently required for clinicians prescribing HRT to gynaecological and breast cancer survivors and in those who undergo risk reducing surgery. Further research to clarify the impact of HRT on gynaecological cancer recurrence and identifying those most at risk is an important ongoing area of research.
Disclosures Nil

#548 IS STILL THERE A PLACE FOR PRIMARY PELVIC EXENTERATIONS, MAINLY IN PATIENTS WITH FISTULAS?

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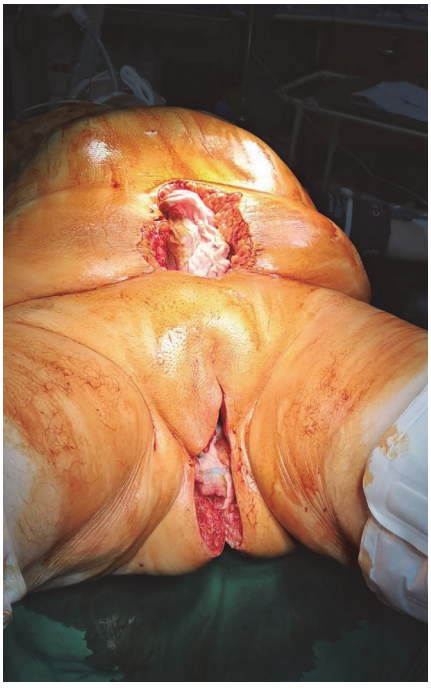
Introduction/Background A pelvic exenterative procedure could be performed for advanced gynecologic, urologic or rectal cancers in selected patients as a primary treatment with curative intent, mainly when a recto- or a vesico-vaginal fistula is present.
Methodology A retrospective study was performed in 27 patients submitted to primary pelvic exenterations in a tertiary university hospital between 2011 and 2022.



Abstract #548 Figure 1 Total infralevatorian exenteration with vulvectomy

Results The patients' mean age was 54.7 years old. The oncological indications for surgery were as follow: stage IVa cervix cancer (13 cases, 48.1%), stage IVa cancer of the vagina (7 cases, 25.9%), stage IVa endometrial cancer (1 case, 3.7%), stage IVa urinary bladder cancer (4 cases, 14.8%), stage IVb rectal cancer (1 case) and undifferentiated pelvic sarcoma (1 case). An anterior, total and, respectively, posterior pelvic exenterations were performed in 11, 11 and 5 of the patients. In respect to levator ani muscle, 14 procedures were supralevatorian, 12 infralevatorian, and 5 were infralevatorian with vulvectomy. No major intraoperative complications have