

follow-up visits are vital to ensure progress and treatment satisfaction.

Disclosures No disclosures

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NATIONAL CANCER RESEARCH INSTITUTE (NCRI) SURVEY OF HORMONE REPLACEMENT THERAPY PRESCRIBING 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

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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