PATIENT REPORTED TOXICITY AND QUALITY OF LIFE DURING PELVIC VOLUMETRIC MODULATED ARC THERAPY FOR GYNECOLOGICAL CANCER

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Introduction/Background Pelvic radiotherapy is routinely used as a primary or adjuvant therapy for patients with gynecological malignancies. Radiation therapy techniques have developed from 3-dimensional-conformal radiation to Volumetric-modulated-arc-therapy (VMAT), with better sparing of normal tissues.

The aim of this study was to assess quality of life (QoL) and correlate it with dose-volume parameters of organs at risk in patients receiving VMAT irradiation for gynecological cancer.

Methodology A total of 28 patients (18 with endometrial cancer, 8 with cervical cancer, and 2 with vulvar cancer) were interviewed with the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30), and its cervical cancer (EORTC QLQ-CX24), endometrial cancer (EORTC QLQ-EN24) or vulvar cancer (EORTC QLQ-UV34) module. QoL scores were classified as high, average, or low. Bladder incontinence or urgency, rectal discomfort or abdominal pain and sexual functioning were investigated and correlated with dose-volume parameters of organs at risk.

Results The median age at diagnosis was 55 years [30–86 years]. Sixteen patients (57%) received concomitant chemotherapy.

Sixty percent of patients reported high QoL. The rate of high grade bladder incontinence and bladder urgency was 21% and 39%, respectively. The rate of high grade rectal discomfort and abdominal pain was 29%. Among the patients engaged in sexual activity, 31% experienced a dyspareunia. We found a significant correlation between bladder V40 (absolute percentage of bladder volume that received a dose of 40 Gy) and bladder urgency (p=0.039, R^2 = 0.39). We also found a significant correlation between rectum V40 (absolute percentage of rectum volume that received a dose of 40 Gy) and rectal discomfort (p=0.0001, R^2 = 0.63).

Conclusion Our study suggested that QoL during pelvic radiotherapy with VMAT technique has a favorable profile with minimal limitations of daily activities. In addition, QoL was correlated with dose-volume parameters. However, longer follow-up is required to better assess QoL profile.

Disclosures The authors do not have any disclosures.

SUMMARY OF PRELIMINARY DATA ON THE USE OF GHOST-ILEOSTOMY AS A PROTECTION OF BOWEL ANASTOMOSIS IN PATIENTS OPERATED DUE TO DEEP INFILTRATING ENDOMETRIOSIS

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Introduction/Background Ghost-stomy is a technique used in surgery as an alternative to loop ileostomy for protective purposes during the healing of bowel anastomosis (or multiple anastomoses) after extensive abdominal surgeries.

The aim of study was to summarize the authors' experience in the gynecologic oncology center during 6 months, when the ghost-stomy technique started to be used in patients undergoing modified technique segmental bowel resections or modified posterior exenteration due to deep infiltrating endometriosis (DIE).

Methodology Data regarding two groups of patients were compared:

Group A - operated within the last 6 months due to DIE involving at least 1 intestinal tumor - protection of anastomosis using ghost-stomy: 10 of 34 cases

Group B - patients operated within the 12 months preceding the study period due to DIE involving at least 1 intestinal tumor - protection of anastomosis with loop ileostomy: 8 of 89 cases

QUALITY OF LIFE IN WOMEN WITH GYNECOLOGICAL CANCERS: A STUDY IN A TERTIARY CARE HOSPITAL OF PAKISTAN

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Introduction/Background Quality of life is a critical aspect of patient care, especially for women who have undergone treatment for gynecological cancers. Cancer survivorship has improved with advancements in diagnosis and treatment, making quality of life an even more crucial consideration. This study delves into the quality of life and specific issues faced by women after treatment for gynecological cancers.

Methodology The study surveyed 162 women who had completed treatment at least three months but no longer than five years ago. The participants completed validated questionnaires, including the EORTC QLQ-C30 and cancer-specific questionnaires OV28, CX24, and EN24.

Results The average age of the women was 53.32±11.13 years, and the most common cancers were endometrial and ovarian cancers.

The study found that the overall average quality of life score was 77.93±16.65, indicating good quality of life scores for the participants. However, women with cervical and endometrial cancers had lower quality of life scores compared to those with ovarian cancer. In addition, women with cervical cancer also reported lower quality of life scores than those with endometrial cancer. The study also found that physical, role, emotional, and cognitive functioning scores were significantly different among the three types of cancers.

The most common symptoms reported by the participants were fatigue and insomnia. Sexual functioning was the main concern among the women in the study. Patients with endometrial cancer reported musculoskeletal pain and lymphedema as primary concerns, while attitude towards treatment was reported as the main issue by patients with ovarian cancer.

Conclusion The study highlights the importance of considering quality of life in cancer survivorship care and shows that women with gynecological cancers face unique challenges. Sexual functioning and lymphedema were significant concerns among the participants and warrant further attention and support in survivorship care.

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