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

Ghada Abdessatar*, Mouna Ben Rejeb, Rim Moujahed, Ghorelil Lilia, Hamdoun Awatef, Lotfi Kachbati. Abderahmane Mami Hospital, Ariana, Tunisia

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.

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

Uzma Chishti*, Aliya Begum, Falak Naz Dhar, Fouzia Amir Ali, Amir Raza. Aga Khan University Hospital, Karachi, Pakistan

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.

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

1Mariusz Kasperski*, 2Krzysztof Nowak, 2Ewa Milnerowicz-Nabzdyk. 1Gynaecological Oncology Department, Center of Oncology, Head: Assoc. Professor Ewa Milnerowicz - Nabzdyk, Opole, Poland; 2Gynaecological Oncology Department, Center of Oncology, Head: Assoc. Professor Ewa Milnerowicz - Nabzdyk, Opole, Poland, Opole, Poland

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
During the analysis the percentage of procedures performed, complications, length of hospitalization, tolerance of the treatment were assessed.

Results
1. Ghost-stoma technique was used more frequently - in 29% of cases vs. 9% of protective ileostomies.
2. The percentage of emergency stomas was: group A: 0% vs. 3% in group B.
3. Length of hospitalization measured in postoperative days: on average, 5.5 days in group A vs. 4.5 days in group B.
4. No complications resulting from the creation of a protective ileostomy were found compared to 1 case of a peritoneocutaneous fistula after removal of the ghost-stoma.

Conclusion
1. The use of ghost-stoma results in a longer hospitalization time but does not require invasive intervention - stoma removal.
2. In group A (ghost-stoma), not a single patient required emergency stoma was found - this requires further observation.
3. Potential complications resulting from the use of ghost-stoma (according to our experience, enterocutaneous fistula) do not pose a significant clinical problem.

Disclosures None

#720 ONCOSEXUAL CONSULTATION IN GYNECOLOGICAL CANCER PATIENTS: WHEN, WHO AND HOW – PATIENTS’ PERSPECTIVE

Krzysztof Nowosielski*, Magdalena Bizon, Joanna Kasprzcyk-Bartnik, Department of Gynecological Oncology, Karolinska, Poland; University Clinical Center, Warsaw, Poland; Medical University of Silesia, Warsow, Poland; Club 35, Wroclaw, Poland

Introduction/Background Lack of knowledge on human sexuality among medical specialists may result in unequal access to sexual counselling especially in cancers survivors. The aim of the study was to assess the quality of sexual counselling and expectations in context of time, scope and performing staff in gynecological cancer women in Poland.

Methodology 322 patients with gynecological cancers were eligible for this cross-sectional questionnaire-based on-line study performed between November 2022 and May 2023 in Poland. The final sample consisted of 155 patients with mean age of 43.2±9.31 years (range 24–67). The study group was divided into two subgroups: 113 patients who were sexually active (64.6% after chemotherapy, 41.6% - radiotherapy) and 42 sexually inactive after the cancer diagnosis (64.28% after chemotherapy, 50% - radiotherapy).

Results Sexual issues were not raised by medical staff in case of 65.4% of sexually active and 71.4% of inactive survivors (p>0.005), 28.3% of sexually active and 38.1% inactive decided to begin talking about sexual life with no response. Only 8.8% and 0%, respectively, had a possibility for sexual counselling. Gynecological oncologists, oncologists, radiotherapists, and sexologists have informed patients about sexual health in case of 25.6%; 25.6%; 8.8%; 0% sexually active and 7.1%; 11.9%; 11.9%; 4.8% sexually inactive women, respectively. According to the opinion of 54.8% and 66.4% survivors, respectively, gynecological oncologist should be the first to introduces sexual issues, followed by oncologists, sexologists, and radiotherapists. Finally, 73.5% and 83.3% survivors, respectively, would like to participate in workshops about sexual life in future.

Conclusion Patients with gynecological cancer need more attention in context of their sexual life irrespectively if they currently are or are nor sexually active. Gynecological oncologist should be the first to inform about negative influence of anti-cancer treatment on sexual health. More effort should be made to organize workshops concerning sexual issues for gynecological cancer survivors.

Disclosures None

#838 SEXUAL HEALTHCARE EDUCATION AS PART OF GYNECOLOGICAL MALIGNANCIES CARE IN JORDAN


Introduction/Background Reports on sexual education (SE) for gynecological cancer patients especially in the Middle East and North Africa (MENA) are scarce. We aim to highlight the needs and provided education for sexual health of gynecological cancer patients, during cancer treatment and on follow-up.

Methodology This is a cross-sectional survey of survivors of gynecologic cancer at King Hussein Cancer Center, validated by a multidisciplinary panel of experts. It explored patient-provider discussions regarding sexual health, and factors related to primary disease and long-term effects of treatment including surgery, radiotherapy and chemotherapy. Chi-square and ANOVA tests were used to measure association between these factors with sexual health education and patient satisfaction.

Results This pilot phase consisted of thirty patients, most of whom (14 (46%) had cervical cancer. The mean age was 49 years, and for their sexual partners was 55 years. All were married, of which 3 (11%) were sexually inactive, and 17 (57%) reported that their partners noted a negative impact on their sexuality. However, none considered stopping treatment to preserve sexual functions. 22 (73%) reported that patients noted a negative impact on their sexuality. However, none considered stopping treatment to preserve sexual functions. 22 (73%) reported sexual activity as somewhat or very important, of whom 18(61%) thought it was important to discuss in clinic. The most common barrier to SE discussion was having a male physician. In our primary analysis, we found that patients who were diagnosed with cervical cancer (compared to other gynecological cancers) were more likely to be educated about sexual side effects (p-value 0.023).

Conclusion To the authors knowledge; this is the first study in the MENA region tackling the topic of SE in this patient population. SE was found to be important in 2/3 of our patients. However, larger numbers are needed to validate our results and determine character of patients interested in discussing SE.

Disclosures None.