

#906 FEAR OF CANCER RECURRENCE IN WOMEN WITH GYNECOLOGIC CANCER SURVIVORSHIP: A META-ANALYTIC STRUCTURAL EQUATION MODELING (MASEM)

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Introduction/Background Among the psychological distresses encountered by survivors of gynecologic cancer, Fear of Cancer Recurrence (FCR) ranks high. This study, through a Meta-Analytic Structural Equation Modeling (MASEM) approach, offers an in-depth quantitative synthesis of significant predictors of FCR.

Methodology A meticulous literature search across databases such as PubMed, Embase, Cochrane Library, and Web of Science was conducted until January 2023. Studies addressing FCR predictors in women with gynecologic cancer survivorship were included. Associated factors were analyzed using the MASEM framework. The Newcastle-Ottawa Scale served as the tool for quality assessment of included studies.

Results Our analysis incorporated 35 studies with a sum of 5,698 participants. The MASEM unveiled that anxiety score ($\beta = 0.56$ CI 0.12 to 0.84, $p < 0.01$), and social support ($\beta = 0.32$ CI 0.09 to 0.66, $p < 0.01$) emerged as significant predictors of FCR, indicating that higher anxiety levels and inadequate social support can escalate FCR.

Conclusion This comprehensive meta-analytic review illuminates the critical role of anxiety and social support as significant determinants of FCR in women surviving gynecologic cancer. The findings underscore the necessity of incorporating psychological and social support interventions in post-treatment care plans to manage and mitigate FCR effectively.

Disclosures None

#921 FOLLOW UP AFTER RADICAL VAGINAL TRACHELECTOMY – WHAT WE HAVE LEARNED SO FAR

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Introduction/Background Radical vaginal trachelectomy is an oncological safe treatment option for patients with early stage cervical cancer wishing to preserve fertility. However, the procedure remains controversial due to the radicality and obstetric and perioperative complications.

We performed a retrospective monocentric study of 107 RVT cases and analysed the follow up results in terms of oncologic outcome, pregnancy and delivery rate, persistence or recurrence of HPV, recurrence of cytological abnormalities and long term morbidities.

Methodology 107 patients who underwent radical vaginal trachelectomy at University Hospital Jena between 1998 and 2020 were included. Inclusion criteria: patients aged 21 to 41 years, cervical cancer stage Ia1 to Ib2, any tumor size, regardless of neoadjuvant chemotherapy, regardless of histotype. Exclusion criteria: patients who underwent hysterectomy in the first 6 months after trachelectomy, patients with no follow up or follow up shorter than 6 months

Results Out of 107 patients, 77 (71%) attended the follow up appointments. There were three cases of recurrent disease making 2.8% from total resp. 3.8% from the follow up

cases. One case of recurrent disease was large cell carcinoma, one was adenocarcinoma and one had LVSI. The HPV test showed persistent or reinfection in 10 cases (12%). HPV Infection did not correlate with premalignant lesions or recurrent cases. The postoperative complications were cervical stenosis (6.4%) and lymphedema (7.7%). Fourteen patients got pregnant (14/77, 18%). The delivery rate was 64% (9/14), five deliveries were after 36 pregnancy weeks, and four deliveries were premature.

Conclusion RVT is an oncological safe procedure with acceptable postoperative morbidity and obstetric outcome. HPV reinfection rate is quite high and might raise the question of vaccination after trachelectomy.

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#998 IMPACT OF SEXUAL LIFE ON QUALITY OF LIFE OF PATIENTS WITH GYNECOLOGICAL CANCERS

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Introduction/Background Gynecological cancers influence on quality of life in psychological and also sexual background. Nowadays, we observed insufficient sexual education and consultations for oncological patients. The aim of the study was to understand fears and reasons of lower level of sexual life in patients with gynecological cancers.

Methodology A cross-sectional study consisted of 51 questions was performed of 322 patients with gynecological cancers from Poland from 28th November 2022 till 7th May 2023. Finally, 155 patients were included into the study with completed all answers with mean age 43.2 ± 9.31 (range 24–67) years, who were divided into two groups: 113 patients with 3.33 ± 3.23 (range 1–19) years of duration of disease who are sexually active in age 42.52 ± 9 (range 24–67) years, 64.6% after chemotherapy, 41.6% after radiotherapy and 42 women with 2.21 ± 1.74 (range 1–8) years of duration of disease with no sexual life after diagnosis in age 45.02 ± 9.97 (range 28–67) years, 64.28% after chemotherapy and 50% after radiotherapy. Statistical methods was performed using R.

Results In both groups average level of subjective feeling of taking care of patients' partners increased from 7.69 ± 2.63 (range 0–10) to 8.01 ± 2.82 (range 0–10) in the group who is sexually active and from 6.77 ± 3.32 (range 0–10) to 7.2 ± 3.48 in the second one ($p < 0.005$). On the other hand, average level of subjective assessment of sexuality decreased in both groups, from 6.63 ± 2.16 (range 0–10) to 3.42 ± 2.38 (range 0–10) and from 5.29 ± 2.47 (range 0–10) to 1.25 ± 1.73 (range 0–7) ($p > 0.005$). Sexual activity is statistically correlated with chemotherapy and radiotherapy in the past ($p < 0.005$). 8,8% of the first group had possibility for sexual consultation and no one from the second group.

Conclusion Adjuvant treatment influence on sexual activity. Lack of information about sexual life can provide to decrease quality of lives especially in sexual area. Taking care of partners is a good prognostic factor in treatment of cancer.

Disclosures The authors declare no conflict of interest.