Introduction/Background The standard treatment course for ovarian cancer virtually always induces menopause with subsequent symptoms. Even though climax morbidity has been intensely investigated over the past decades, HRT remains a contentious matter, especially in the Ovarian Cancer (OC) setting. This review evaluated the impact of Hormone Replacement Therapy (HRT) on the Overall Survival (OS) and Progression-Free Survival (PFS) of OC patients.

Methodology A systematic literature search was conducted in the most popular English databases. Included publications evaluated the OS and PFS in these patients. End-point analysis targeted values of log(HR) and its Standard Error (SE).

Results Up to 1 September 2022, 11 studies were included in the qualitative synthesis. Eight publications, totaling 4191 patients, were included in the meta-analyses. Eight studies were considered for the OS analysis and pooled an HR of 0.66 with respective 95% CI between 0.57 and 0.76, with a p-value < 0.00001 at a Z value of 5.7, in favor of the HRT group. Results for PFS showed an overall HR of 0.73 in favor of the HRT group; CI between 0.57 and 0.95, p = 0.02 at a Z value of 2.36. Further subgroup analyses for both OS and PFS based on the type of included studies, the stage of the disease, the grade of differentiation, the radicality of surgery, and the age of participants showed no difference in the HRT vs. never-users groups, highlighting the non-inferiority of this treatment.

Conclusion Patients treated for OC that receive HRT for menopausal symptoms after various treatments appeared to have better OS than never-users while not affecting the PFS—however, detailed analysis after data sequencing highlighted a statistically insignificant difference. Even so, in this setting of non-inferiority, HRT can be safely considered for lessening secondary morbidities due to treatment.

Anxiety score greater than 11 was found in 59% of cases (average= 10.73 ± 4.02), a depression score greater than 11 was found in 48% of cases (average= 9.69 ± 3.88), the overall average score was 20.42 ± 7.9. The results of the DTS scale show psychological distress in 45% of cases. The average DTS score was 6.4 (>5) and 12% of patients showed a score of 10. Moderate to severe anxiety, depression, and stress were more prevalent among patients who were living in rural areas, married patients, illiterate and those treated by BCS. The score of DTS positively correlated with the HADS (p<0.001).

Conclusion Depressivedisorders, anxiety, and perceived stress are prevalent among breast cancer survivors. Our results highlighted the magnitude of the psychological pain experienced by Tunisian women.

Disclosures No disclosures

#1032 ADDRESSING WOMEN’S SEXUAL HEALTH AFTER GYNECOLOGICAL CANCER PRIMARY TREATMENT

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Introduction/Background Gynecological cancers diagnostic and treatments’ often impact sexual health, which is recognized as key aspect of quality of life for cancer patients.

The aim of this study was to assess sexual activity and changes in sexual health among women with gynecological cancer before and after treatment, determining the impact in the various domains of their sexual health.

Methodology A single institute prospective study with gynecological cancer patients was conducted. Self-evaluations by the Female Sexual Function Index (FSFI) were performed pre-visit in an office setting at diagnosis and after 6 months after finishing treatments.

Results Out of the 295 patients who fulfilled the survey, at the time of diagnosis 27% (n:81) reported being sexually

Abstract #1004 Figure 1 Forrest plots for the HRT vs. no-HRT groups’ OS analysis.

Conclusion Patients treated for OC that receive HRT for menopausal symptoms after various treatments appeared to have better OS than never-users while not affecting the PFS—however, detailed analysis after data sequencing highlighted a statistically insignificant difference. Even so, in this setting of non-inferiority, HRT can be safely considered for lessening symptoms and improving QoL for these patients.

Disclosures No conflict of interest

#1020 FOLLOWING BREAST CANCER: WHICH PSYCHOLOGICAL DISORDERS?

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Introduction/Background In recent years, due to the advances in detection and treatment, the number of women who survive breast cancer has significantly increased. However, the aggressiveness of the treatment exposes the patients to various side-effects. Is a traumatic experience for women which may lead to psychiatric morbidities such as depression and anxiety.

The purpose of our study is to assess the prevalence and associated factors of depression and anxiety in breast cancer patients.

Methodology A descriptive cross-sectional study of 100 women followed for breast cancer in complete remission, treated in the Medical Oncology and Radiotherapy department of Farhat Hached Hospital in Sousse, Tunisia. Socioeconomic variables and clinical history were collected. The psychological distress was measured through the Hospital Anxiety and Depression Scale (HADS) and the Distress thermometer scale (DTS).

Results The average age of our patients was 54 (21–72). 53% of women were treated by breast conserving surgery (BCS) and 47% treated by mastectomy. Only two patients had had reconstruction. The majority of our patients (81%) received chemotherapy. Well tolerated by most of them. 76% of our patients received post-operative radiotherapy. 83% experienced secondary morbidities due to treatment.

Anxiety score greater than 11 was found in 59% of cases (average= 10.73 ± 4.02), a depression score greater than 11 was found in 48% of cases (average= 9.69 ± 3.88), the overall average score was 20.42 ± 7.9. The results of the DTS scale show psychological distress in 45% of cases. The average DTS score was 6.4 (>5) and 12% of patients showed a score of 10.

Moderate to severe anxiety, depression, and stress were more prevalent among patients who were living in rural areas, married patients, illiterate and those treated by BCS. The score of DTS positively correlated with the HADS (p<0.001).

Conclusion Depressivedisorders, anxiety, and perceived stress are prevalent among breast cancer survivors. Our results highlighted the magnitude of the psychological pain experienced by Tunisian women.

Disclosures No disclosures