

**Results** The held-out test set of primary resection specimen WSIs showed a better classification performance by training with additional IDS specimens compared to primary resections alone. Accuracy was improved from 63.00% to 74.98% by using the combined training dataset, with an area under the curve increasing from 0.8370 to 0.9311.

**Conclusion** The addition of post-neoadjuvant therapy IDS specimens to training datasets for classifying ovarian carcinoma subtypes is both appropriate and unlikely to reduce the accuracy of model performance, whilst increasing the amount of image training data available. The present model was trained with a single set of hyperparameters, and the extent of the benefit seen by including IDS specimens may vary in different scenarios, which will be the focus of our future work.

**Disclosures** The authors declare no conflict of interest.

## 10. Quality of life after treatment

#230

### COMPARISON OF SEXUAL FUNCTION PARAMETERS OF PATIENTS RECEIVING EXTERNAL RADIOTHERAPY IN CERVICAL AND ENDOMETRIAL CANCER WITH PATIENTS TREATED WITH BRACHYTHERAPY AFTER EXTERNAL RADIOTHERAPY

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**Introduction/Background** Endometrial and cervical cancer are the most common types of gynecologic cancers. Treatment is planned according to the stages and advanced stages may require radiotherapy and/or chemotherapy. The most frequently preferred radiotherapy options are external radiotherapy and brachytherapy, which can affect sexual function and the quality of life after treatment. Therefore, patients with a high risk of sexual dysfunction should be referred to a specialist sex therapist during the post-treatment process. This study aims to demonstrate the effect of brachytherapy on the sexual function of patients with endometrial and cervical cancer.

**Methodology** 66 patients diagnosed with endometrial and cervical cancer were chosen from Bezmialem University database. Their sociodemographic characteristics, cancer stages, and treatments were evaluated retrospectively. Patients who received ERT were divided into two groups: those who also received brachytherapy and those who did not. Then, they were asked questions from the Female Sexual Function Index (FSFI), and the sexual function between the two groups was evaluated. In addition, patients' sexual functions were compared according to the time elapsed after treatment and cancer type.

**Results** The results are not yet available.

**Conclusion** The results are not yet available.

**Disclosures** The results are not yet available.

#835

### SEXUAL SATISFACTION AFTER SURGERY FOR ENDOMETRIAL CANCER: A COMPARISON OF THE EFFECTS OF LYMPHADENECTOMY ON REHABILITATION AND QUALITY OF LIFE. A RETROSPECTIVE ANALYSIS AT JENA UNIVERSITY HOSPITAL (2010–2022)

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**Introduction/Background** Improved detection and treatment of gynecological tumors allowed for shifting the focus to the quality of life of affected patients, including their sexual health. The aim of this study was to investigate the impact of systematic lymphadenectomy on the sexual function of patients with endometrial cancer.

**Methodology** Between January 2010 and January 2022, n = 488 women with endometrial cancer underwent surgical treatment at Jena University Women's Clinic. Of these, n = 341 were invited to participate in the survey, and n = 299 women have provided feedback so far.

**Results** Out of the 299 respondents, n = 79 women completed the Female Sexual Function Index (FSFI). Among them, n = 30 women reported being sexually active. Mean age was 62.4 +/- 8.6 years and was not significantly different (p = 0.065, t-test) between women with (65.3 +/- 7.2 years) vs. without (59.5 +/- 9.1 years) systematic lymphadenectomy. The median overall FSFI score was 22.9 +/- 7.9. Women who underwent systematic lymphadenectomy had comparable (p = 0.833, t-test) mean overall FSFI score (21.7 +/- 7.2; n = 15) compared to those without systematic lymphadenectomy (22.3 +/- 8.9; n = 15).

**Conclusion** The study suggests that systematic lymphadenectomy in women with endometrial cancer does not have an impact on sexual function. Prospective studies with a larger number of patients are required to confirm these results.

**Disclosures** The authors have no potential conflict of interest to report.

## 15. Trial in progress

#881

### THE NUVOVA TRIAL: NEOADJUVANT CHEMOTHERAPY IN UNRESECTABLE OVARIAN CANCER WITH OLAPARIB AND WEEKLY CARBOPLATIN PLUS PACLITAXEL. A PHASE II OPEN-LABEL MULTI-CENTRE STUDY

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**Introduction/Background** Neoadjuvant chemotherapy (NACT) and subsequent interval debulking surgery (IDS) represent an