

Assessment of Cancer Therapy-Ovarian Cancer (FACT-O) questionnaire (completed at baseline and every month until 6 months had passed or disease progression), the FACT/NCCN Ovarian Symptom Index (FOSI), and the Trial Outcome Index (TOI).

Results Grade 3 or higher anemia occurred in 13 of 45 patients (29%), Grade 2 or higher fatigue in 6 (13%), and anorexia in 2 (4%). The incidence of discontinuation due to side effects was 15% (7/45). Moreover, NYT could maintain quality of life under all measures: FACT-O, TOI, and FOCl. NYT also significantly improved fatigue after the start of Olaparib administration ($p=0.017$).

Conclusion/Implications NYT could maintain quality of life by suppressing Olaparib-induced fatigue and help the long-term maintenance therapy of Olaparib in patients with ovarian cancer by reducing these adverse events.

AS13. Patient advocacy

EP339/#372

LYMPHEDEMA IN GYNECOLOGICAL CANCER SURVIVOR; A NATIONWIDE COHORT STUDY

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Introduction Leg lymphedema after gynecological cancer treatment is common and negatively affects the quality of life and function of patients. This study investigated the cumulative incidence and risk factors of lymphedema in gynecological cancer patients, as well as utilization of health care resources for post-treatment lymphedema.

Methods Using the Korean National Health Insurance Service (NHIS) database, we conducted a nationwide, retrospective cohort study of patients with gynecological cancer treatment. We analyze the incidence and risk factors of lymphedema by using cox proportional hazards regression models. We also analyzed diagnostic and treatment claim codes to find out trend or costs of utilization of health care resources for lymphedema treatment.

Results A total of 93,218 patients with gynecological cancer were evaluated between January 2004 and December 2017. Among them, total 10,451(11.2%) developed lymphedema. Incidences of lymphedema were 11.4%, 13.1%, and 9.16% in cervical cancer, endometrial cancer and ovarian cancer respectively. Age and multimodal treatment are considered to be possible risk factors for lymphedema in patients with gynecological cancer ($p < 0.001$), while residence and income quartile were not associated with lymphedema in gynecologic cancer patients. The expands of health care resources for the treatment of lymphedema has increased over the years.

Conclusion/Implications Lymphedema is a common complication affecting women with gynecological cancer. This is the first population-based the first population-based study to identify risk factors for lymphedema in gynecological cancer patients. National healthcare costs for lymphedema treatment are increasing in Korean society. Health care providers should give attentions for high-risk lymphedema group during and after cancer-related treatment.

EP340/#681

CONTRACEPTION COUNSELLING AND PREGNANCY SCREENING PRACTICE WITHIN AN ONCOLOGIC DEPARTMENT; AN INSTITUTION EXPERIENCE

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Introduction The goal of this study is to describe the pregnancy screening and contraception counselling practice within the Departments of Oncology at McGill University Health Center as part of a needs assessment to develop a referral pathway to a complex contraception clinic.

Methods An electronic survey comprising 21 questions was delivered via email to 187 clinicians of the oncology departments providing care to patients with cancer. The survey assessed counselling practice and level of comfort regarding contraception while patients are undergoing oncologic treatment. Descriptive statistics were used for analysis.

Results Of the 187 members of the oncologic department, 70 responded to the survey including oncologist, nurses, pharmacist and radiation technologists. Forty-seven percent (47%, $n=33$) reported always advising female patients to avoid pregnancy while on active treatment and only 36% ($n=22$) felt comfortable providing contraception counselling. The most common reasons identified by respondents for lack of comfort with contraception counseling was lack required knowledge (36%, $n=25$). Amongst oncologists ($n=22$), 68% ($n=15$) reported rarely ordering a pregnancy test prior to initiation of cancer treatment. All respondents would refer their patients to complex contraception clinic pre-treatment should it be available. Based on these results a referral pathway to a complex contraception clinic was developed.

Conclusion/Implications This survey shows a low rate of pre-treatment pregnancy screening and contraception counselling through the oncology department with lack of knowledge identified as the main barrier. This highlights an opportunity for improvement with the introduction of systematic pregnancy testing and contraception counselling via the implementation of a referral pathway to contraception specialist.

EP341/#890

THE NEED OF A BETTER DISCUSSION BETWEEN DOCTORS AND PATIENTS WITH REGARDS OF FERTILITY PRESERVATION AFTER ANTI CERVICAL CANCER TREATMENTS

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Introduction According to studies, the age range of cervical cancer patients usually ranges between the age 35 to 39 or 60 to 64 years old and is relatively younger than other gynecological cancers' age range. In this young age range, a patient might want to give birth after treatments.

Methods A call for answers to a survey was published in the Israeli Cervical Cancer Facebook Community, and community