

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

Su Jeong Lee*, Chan Joo Kim, Jin Hwi Kim. *Catholic University of Korea Uijeongbu St Mary's Hospital, Gynecologic Oncology, Uijeongbu City, Gyeonggi-do, Korea, Republic of*

10.1136/ijgc-2023-IGCS.397

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

Jade Desilets, Marie-Catherine Viau, Megan Schneiderman, Luisa Luciani Castiglio, Selda Elmas, Shuk On Annie Leung. *Cancer Research Program RI-MUHC, Gynecologic Oncology, Montreal, Canada*

10.1136/ijgc-2023-IGCS.398

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

Bar Levy*. *HBait Shel Bar – Israel Women's Cancer Association (RA), Management, Tel Aviv, Israel*

10.1136/ijgc-2023-IGCS.399

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

members were invited to respond voluntarily and anonymously through a coded and encrypted web form.

Results 67 women between the ages of 21 and 45 responded to the survey (median age 37 years). 55.22% were diagnosed with CIN 3, 19.4% were diagnosed with stage 1 Cervical Cancer, 5.97% with stage 2, 5.97% were diagnosed with stages 3–4, 13.43% did not know how to answer this question. 77.61% are sexually active with a singular known partner. 58.2% recall having a discussion with their attending physician regarding fertility preservation, before the beginning of the treatments. 32.83% recall such a discussion afterward treatments. 11.94% give birth after illness or had a child thanks to a surrogate mother.

Conclusion/Implications This study underscores the need for greater attention to patients' fertility preservation aspects before and after completion of treatments and the need in coordinate patients' expectations regarding birth planning with regards of the ability to do so after treatments. Research involving a larger sample size may help to better support the information needs of survivors.

EP342/#659

BUREAUCRATIC DIFFICULTIES OF CANCER PATIENTS IN ISRAEL – A PRELIMINARY STUDY

Bar Levy*. *HBait Shel Bar – Israel Women's Cancer Association (RA), Management, Tel Aviv, Israel*

10.1136/ijgc-2023-IGCS.400

Introduction Cancer patients need to navigate their path in their journey and take into consideration many medical disciplines and other such as legal or social, hence having difficulties in their disease management.

Methods Personal interviews were preformed with 57 women cancer patients, treated in main medical centers in Israel, aged 32 to 82 years old (median 63 years old). 59.65% of patients have breast cancer, 28.07% have ovarian cancer, 14.04% have uterine cancer and 3.51% have cervical cancer. 5.26% of the patients have double malignancies. 61.4% of patients have an advanced disease. 87.72% of the patients under systemic treatment.

Results 84.21% of the patients had any actionable recommendation from the oncologist. 36.84% of the patients thought they needed help with executing oncologist's recommendations or achieving legal rights. 38.6% of the patients were seeking for help. 45.45% of patients seeking help, needed help with performing genetic or molecular testing, 40.91% needed help with booking appointments for doctors, imaging, or procedures. 18.18% needed help with claiming rights, 9.09% needed help with enrolling to a study, 4.55% needed help with possess drugs prescribed off label and in 4.55% needed help with booking a second opinion consultation.

Conclusion/Implications This preliminary study suggests that many patients need assistance in disease management to perform better in their patient journey. Thus, oncology institutes should offer assistance in executing oncologist's recommendations, enrolling in studies or achieving legal rights.

AS14. Pre-invasive disease

EP343/#352

COMPARISON BETWEEN MOBILE COLPOSCOPY AND CONVENTIONAL COLPOSCOPY IN DETECTING HIGH GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA

Wilasinee Areeruk*, Pinyada Panyavaranant, Shina Oranratanaphan, Apichai Vasuratna, Natacha Phoolcharoen. *Faculty of Medicine, Chulalongkorn University, Obstetrics and Gynecology, Bangkok, Thailand*

10.1136/ijgc-2023-IGCS.401

Introduction The detection of high grade cervical intraepithelial neoplasia is traditionally done by conventional colposcopy. However, this procedure requires special equipment and needs to be performed by a specialist. Data on the performance of mobile colposcopy are still limited, so we aimed to evaluate the performance of mobile colposcopy in detecting high grade cervical intraepithelial neoplasia comparing with conventional colposcopy.

Methods Patients with abnormal cervical cancer screening tests were included in the study. Mobile colposcopy and conventional colposcopy were performed in all patients then biopsy was done following the standard recommendation. Images from mobile colposcopy were assessed by two independent doctors. The diagnostic performance was evaluated and the colposcopic results were compared between mobile colposcopy and conventional colposcopy.

Results Ninety-one patients were enrolled in the study. There were poor-quality mobile colposcopic images in 3 patients. The accuracy in detecting high grade cervical intraepithelial neoplasia were 76.14% using mobile colposcopy, and 79.12% using conventional colposcopy. The sensitivity, specificity, positive predictive value, and negative predictive value were 52.94%, 81.82%, 40.91%, and 87.88% in mobile colposcopy, and 61.11%, 83.56%, 47.83%, and 89.71% in conventional colposcopy, respectively. The concordance rate between mobile colposcopy and conventional colposcopy was 72.73%. There was a fair agreement between mobile colposcopy and conventional colposcopy (Kappa = 0.273, 95%CI 0.048–0.497).

Conclusion/Implications The diagnostic performance of mobile colposcopy was comparable to conventional colposcopy with a fair agreement between the two procedures. Mobile colposcopy may be an alternative option in the diagnosis of high grade cervical intraepithelial neoplasia.

EP344/#385

CLINICAL WORKUP AND TREATMENT FOR LOBULAR ENDOCERVICAL GLANDULAR HYPERPLASIA IN A REGIONAL GYNAEONCOLOGY CENTRE IN HONG KONG

Yui Shing Cheung*, Wai Hon Li, Sze Man Assumpta Wong. *Queen Elizabeth Hospital, Obstetrics and Gynaecology, Hong Kong, Hong Kong PRC*

10.1136/ijgc-2023-IGCS.402

Introduction Lobular endocervical glandular hyperplasia (LEGH) is a rare benign disorder of the uterine cervix but it