Objective: This study intended to compare quality of life (QOL) and psychological aspects among ovarian cancer survivors to healthy female population who presented at Bhumibol Adulyadej Hospital, using standardized questionnaire.

Methods: A cross-sectional analytical study, conducted at Bhumibol Adulyadej Hospital, Thailand from August 2020 to May 2021. This study enrolled healthy Thai female who came to hospital for their health check-up at gynecology clinic as a control group and ovarian cancer survivors on their follow up at tumor clinic as a study group. Questionnaire by Functional Assessment of Cancer Therapy (FACT) was used to measure QOL. Anxiety and depression were assessed by Hospital Anxiety and Depression Scale.

Results: Results shown ovarian cancer survivors and healthy participants had an equal QOL in all four domains of FACT general (FACT-G). Total FACT-G score was similar between two groups (50.2±9.7 vs. 49.5±8.5). QOL of nonepithelial ovarian cancer survivors were better than control group (56.1±5.4 vs. 49.5±8.5) in clinical significance. Psychological aspects were also comparable between two groups.

Conclusion: Ovarian cancer survivors experienced deteriorating in physical function or emotional related to treatment. But after completed the course of treatment, QOL will improve over time along with mental status, approaching level that comparable to the healthy peers.

Poster (M19)

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Sexual dysfunction in gynecologic cancer survivors

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Objective: To evaluate the sexual dysfunction in gynecologic cancer survivors and to explore the risk factors associated between gynecologic cancer survivors and sexual dysfunction.

Methods: A cross-sectional study was conducted with Thai gynecologic cancer survivors in Rajavithi Hospital. To assess the sexual dysfunction, a Thai version of the Female Sexual Function Index (FSFI) questionnaire was utilized. The inclusion criteria were Thai women who were gynecologic cancer survivors scheduled at the Gynecologic Oncology Clinic, Rajavithi Hospital, and had active sexual intercourse (SI). Data were collected between September 1, 2020, to January 31, 2021.

Results: A total of 180 gynecologic cancer survivors who had active SI participated in this study. Those consisted of cervical

cancer (43.9%), endometrial cancer (28.3%), and ovarian/tubal/peritoneal cancer (25.6%) and gestational trophoblastic neoplasia (2.2%). Ninety-nine out of 180 women (55%) had sexual dysfunction (FSFI score <26.5). Cervical cancer was found in the majority with sexual dysfunction, but the mean FSFI score was the lowest in endometrial cancer. Among the six domains, desire had the lowest mean score and pain had the highest mean score. Furthermore, postmenopausal status was the significant risk factors that had an impact on sexual dysfunction.

Conclusion: The prevalence of sexual dysfunction in gynecologic cancer survivors was 55%, and cervical cancer was found in the majority. The factors that significantly affected sexual dysfunction were postmenopausal status.

Poster (M20)

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Symptom experience of cancer-related cognitive impairment in women with ovarian cancer

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Objective: To explore Chinese ovarian cancer survivors' symptom experience of cancer-related cognitive impairment (CRCI).

Methods: Semi-structured interviews were conducted with 34 women aged 22–65 in Cancer Center of Fudan University, Shanghai, China. This study was guided by symptom management theory and the conceptual model of preliminary cognition model among cervical cancer survivors. Qualitative content analysis was used to refine themes.

Results: The average age of participants (n=34) was 51.38 years (range, 25–65 years) and median time since diagnosis was 1 year (range, 0.2–42.8 years). Three themes and 9 subthemes were identified from the research. For perception of cognitive changes: Become stupid, not as smart as before; not noticing/having the chance to notice any cognition change. Possible influence events in the evaluation of cognitive changes include that comfortable, monotonous, isolation and narrow-focused life cause the brain to “retire”; Surgical anesthesia and chemotherapy were blamed for the change; Fatigue, sleep disorders and anxiety were also considered to affect cognition. For the impact of CRCI, most participants expressed that it was not an issue for them, and they did not particularly care, only a few said that their self-confidence was affected a little.