active at that time. 23 out 95 (24%) patients that fulfilled the questionnaires in the follow-up reported engaging in sexual activity 6 months after treatment. These women demonstrated a slight improvement in the overall FSFI score (21.291 to 24.335, p: 0.124), being pain the sphere that significantly improved after treatments (2.887 to 4.155, p: 0.033)
Conclusion There are several factors that may impact women's sexual health after the diagnosis and treatment of gynecological cancer. As there a minimal data on psychosexual side effects, it is important to consider these issues when offering treatment options and weighing their potential effects.
Disclosures -

#1045 EMOTIONAL DISTRESS IN PATIENTS WITH BREAST AND GYNECOLOGICAL CANCER: A CROSS-SECTIONAL STUDY USING THE HADS SCORE

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Introduction/Background Anxiety and depression are common in patients with cancer, as this is a life-changing diagnosis causing uncertainty, fear and stress. We aim to assess emotional distress of patients diagnosed with breast and gynecological cancer hospitalized at the Institute of Salah Azaiz (ISA) using the HADS score.
Methodology This cross-sectional study was conducted in May 2023 and included 50 women with breast or gynaecological cancer hospitalized at the ISA. The HADS questionnaire was used to assess anxious and depressive symptoms, with a score range of 0–21 for each scale, 11 being the threshold for abnormal states.
Results Fifty women diagnosed with breast or gynecological cancer participated in the study, with ages ranging from 27 to 68 years. The most common cancer diagnosis in the sample was breast cancer (70%, n=35). Seventy-four percent of the participants had a moderate to high socioeconomic level. The median time since diagnosis was 9 months. Thirty-six percent (n=18) scored above 11 in both the anxiety and depression scales.

Higher anxiety scores were associated with lower educational levels (p=0.034), lack of family support (p=0.047), and absence of breast prosthesis after radical mastectomy (p<0.001).

Depressive states were correlated to chronic pain (p=0.001) and a positive moderate correlation with pain intensity, measured by the EVA scale, was observed (r=0.500, p<0.001). Experiencing neuropathy was also associated to higher scores of emotional distress (p=0.027). Longer phases of treatment, such as second-line palliative chemotherapy and hormone therapy were associated to higher levels of depression (p=0.001 and p=0.035 respectively).
Conclusion Our findings highlight the importance of screening for emotional distress in breast and gynecological cancer patients. Factors such as educational level, familial support, breast reconstruction, and pain should be considered in the assessment of emotional distress. Counseling, psychotherapy, or referral to mental health services, could improve treatment outcomes and quality of life for these patients.
Disclosures No financial conflict of interest were reported.

11. Translational Research/Biomarkers

#150 E-CADHERIN MODULATES CERVICAL CANCER PROGRESSION BY REGULATING EMT PROGRESSION VIA THE EGFR SIGNALING PATHWAY

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Introduction/Background The expression of E-cadherin, a crucial cell adhesion molecule, is associated with epithelial-to mesenchymal transition (EMT) process, which plays a significant role in the progression of various malignancy. However, the role of E-cadherin in cervical cancer has not been elucidated yet. Therefore, this study aimed to investigate the expression of E-cadherin in cervical cancer patients and its association with the pERK signaling pathway.
Methodology Immunohistochemical analyses E-cadherin and pERK were performed using tissue microarray analysis of cervical cancer and normal cervical epitheliums and compared the pathological variables. Also the functional studies with cervical cancer cell lines were evaluated.
Results The expression of E-cadherin was significantly reduced from normal to cancer (p<0.001), and associated with FIGO stage (p<0.001). Furthermore, E-cadherin expression was negatively correlated with pERK expression in cervical neoplasia specimens (Spearman's rho=-0.121, p=0.009). The Keplan-Meier plots demonstrated that E-cadherin low expression was associated with poor DFS and OS(Both p<0.001, respectively). In case of pERK, the over expression was significantly associated with poor DFS and OS (Both p<0.001, respectively). The DFS and OS with expression of low E-cadherin/high pERK was compared with patients with others by Kaplan-Meier plot. It revealed a significant difference in disease free and overall survival (p<0.001 and p<0.001, respectively) The Cox proportional hazards model revealed that a combination of low E-cadherin/high pERK expression was an independent prognostic factor with respect to overall survival (Hazard ratio=8.48 [95% CI, 3.36 – 21.37, p<0.01]. In cervical cancer cell lines, the knock down of E-cadherins promoted proliferation in cervical cancer cells and loss of E-cadherin led to EGFR mobility, which may stimulate EGFR dimerization and further boost its activation.
Conclusion Low expression of E-cadherin or combined with pERK is an indicator of poor prognosis in cervical cancer, suggesting their potential utility as prognostic test in clinical assessment.
Disclosures There is no disclosure